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	MHL055-120	A. BUILDING: _____ B. WING _____	C 07/18/2025

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V 000	INITIAL COMMENTS A complaint survey was completed on July 18, 2025. The complaints were unsubstantiated (Intake #NC00232122 and #NC00232125). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1400 Day Treatment for Children and Adolescents with Emotional or Behavioral Disturbances. This facility has a current census of 21. The survey sample consisted of audits of 1 current client.	V 000		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client.	V 132		

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V 132	Continued From page 1	V 132		

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 interviews, the facility failed to protect 1 of 1 audited client (Client #1) from harm pending an investigation, failed to complete an investigation of an alleged act as required, and failed to ensure the results of the investigation were reported to the Health Care Personnel Registry (HCPR) within five working days from the initial notification. The findings are:

Review on 7/3/25 of Client #1's record revealed:
-Date of Admission: 3/21/24.
-Age: 14 years old.
-Diagnoses: Disruptive Mood Dysregulation Disorder; Attention-Deficit Hyperactivity Disorder, Combined Type; Circadian Rhythm Sleep Disorder; Reaction to Severe Stress, Unspecified.
-Treatment plan dated 3/11/25 " ...What does not work ...trying to process the situation before he has time to calm down ...getting to close to him will make him angrier ..."

Review on 7/3/25 and 7/7/25 of the QP's personnel record revealed:
-Date of Hire: 2/24/25.
-Crisis Prevention Institute (CPI) training 2/28/25.

Review on 7/2/25 and 7/7/25 of the North Carolina Incident Response Improvement System

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V 132	Continued From page 2 (IRIS) from 4/1/25-7/2/25 revealed: -A report regarding an allegation of abuse made by Client #1 on 6/27/25 that the QP "grabbed and yanked his arm to get him off the floor. . Client (#1) stated he was not being aggressive and believed the staff member (QP) touched him aggressively" had an initial submission date of 6/30/25. Interview on 7/2/25 with Client #1 revealed: -"I got mad one day (6/27/25) and I put my head down on my desk to use my coping skills and [QP] just came along and told me 'either you get up, or I will get you up' and he pushed me out of the chair. I fell out of my desk and got back in my chair, and he grabbed the desk and pushed me over. I stood up and just stayed at my desk and didn't move because he (QP) just wanted to come over and push me around and stuff. I didn't even want to talk to him. I don't like him. He is just fussy and bossy ...I didn't lay my hands on him (QP). I didn't touch him or nothing. He is the one who put his hands on me and stuff ...[QP] had just come up to me when I had my head down on my desk and he grabbed me by the shirt and then started pushing me ..." -On 6/27/25 he informed both the Day Treatment Supervisor and the Clinician of his allegation of abuse by the QP. -"Since the incident (6/27/25), [QP] is here every day. He was here this week and today. I don't remember if he said 'sorry' because I was so mad. He always works in the middle school classroom, but that day someone called him to come over (to the high school classroom) because I wouldn't talk. I have seen him, and basically, I don't feel nothing when I see him. I don't want to get pushed around anymore and I don't want him touching me or this time I will push him back. I wish he wouldn't even talk to me at all	V 132		

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V 132	Continued From page 3 ..." Interview on 7/15/25 with Client #2 revealed: -Regarding the 6/27/25 incident involving Client #1 and the QP, "Nobody interviewed me. Nobody asked me what I saw. I didn't have to write a statement or anything." Interview on 7/15/25 with Client #3 revealed: -Nobody questioned him about what he witnessed during the 6/27/25 incident with Client #1 and the QP. Interview on 7/18/25 with Client #4 revealed: -"No other person has asked me questions about this (6/27/25 incident with Client #1 and the QP)." Interview on 7/2/25 with the QP revealed: -On 6/27/25 Client #1 refused to leave the classroom to "just come talk to me in private ...I approached him, and he was in his seat, and I lightly touched him. I placed a gentle open hand on his shoulder as a support system ...Client #1 started flailing his arms wildly and swinging his arms and almost hit his other peers ..." -"I completed an incident report the same day the incident happened (6/27/25)." -He had not been "interviewed or debriefed" by anyone at the facility after the 6/27/25 incident. "I just wrote the report and hadn't heard anything. No supervisions were written on me. [Day Treatment Supervisor] did talk to me right after the incident happened and she asked me if I touched him (Client #1) and when I said I placed my hand on him for support, she explained that was one of his triggers and that's maybe why he acted that way ..." -After the incident on Friday 6/27/25, "I returned to work on Monday (6/30/25) and it was a regular day. I was in my classroom with middle	V 132		

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schoolers. [Client #1] and I have spoken to each other since then, and he said he was 'perfectly fine' and we talked about different skills, so things don't escalate to that level for him ..."

Interview on 7/15/25 with the Clinician revealed:
-On 6/27/25 "I was in my office working on clinical documentation as normal and one of the classroom staff (Staff #1) ...ran in my office and said [Client #1] was trying to fight [QP], so I went over and saw [QP] tussling with [Client #1] ... so immediately I go in ...and helped [QP] get him (Client #1) to the solution room ...When me and [QP] walked out of the solution room he informed me ...[Client #1] didn't want to talk and then [QP] told me he proceeded to grab his arm and that is what started it ...I then asked [Client #1] to tell me what all happened and he had tears in his eyes while talking, and he claimed he was grabbed by [QP] for no reason ...I reported to [Day Treatment Supervisor] the story that [Client #1] gave me ... [Day Treatment Supervisor] took care of the incident report piece and I think I spoke with [Quality Management (QM)/Training Director] to let her know [Day Treatment Supervisor] would be doing an incident report for a possible staff putting hands on a client ...I left for vacation the following day ...I returned to work on the 9th (7/9/25). It was my first day back after vacation. [QM/Training Director] reached out to me that day and wanted me to provide a statement of the incident ..."
-On 6/27/25, "When I went in the room (classroom), [Client #1] was down on the ground and [QP] was standing over him and tussling and it appeared that they were fighting ..."
-"[Client #1] did show me where he was grabbed on his arm. It was a little reddish also."
-"Nobody interviewed me after. It was just [QM/Training Director] who reached out through

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V 132	Continued From page 5 email ...[QM/Training Director] had been told he (QP) guided him and then I told [QM/Training Director] he grabbed him, and I confirmed seeing him (QP) and [Client #1] tussling ..."" Interview on 7/2/25 and 7/15/25 with the Day Treatment Supervisor revealed: -The 6/27/25 "I had everybody leave my office so I could talk to [Client #1]. He was upset and said '[QP] grabbed me. [Client #1] has a tendency to stretch the truth, but he pulled up his sleeves and said, 'he did this to me' and he showed me red marks on both arms ...I talked to [QM/Training Director] to get guidance on what we should do. I read [QP's] incident report, and it didn't match what [Client #1] told me. [Clinician] came to my office and told me what [Client #1] told him and what [Client #1] told him was exactly the same as what [Client #1] told me ...so I made the IRIS report ..." -After the QP was interviewed by the Division of Health Service Regulation (DHSR) on 7/2/25, "he came to my office ...and said he grabbed [Client #1's] wrists and I explained there would be an investigation and we would go from there ..." -The QP was terminated on 7/7/25. Interview on 7/15/25 with the Executive Director revealed: -The Clinician informed him that there had been a situation of a client being pulled up his arm and should not have been because it didn't seem to be a crisis situation. -"If there are accusations against staff, [QM/Training Director] would investigate. I am not sure if she investigated this or not, I was brought in on the tail end of this. I have been out (on leave). [QM/Training Director] enters a lot of the IRIS reports, but [Day Treatment Supervisor] enters IRIS for this program but still sends	V 132		

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V 132	Continued From page 6 [QM/Training Director] the information so she can track it." Interview on 7/15/25 with the QM/Training Director revealed: -"On 6/27/25, [Day Treatment Supervisor] shared with me that [Client #1] said [QP] pulled him up by the arm to get him out of the classroom. [Day Treatment Supervisor] had already talked to [Client #1] and I made the mistake of taking it at face value of what had been reported, and I told [Day Treatment Supervisor] to ...enter a report into IRIS. I normally would have interviewed everyone involved in the incident, but I thought that was complete. I assumed interviews were completed by [Day Treatment Supervisor] when she informed me of the incident. Moving forward it will be protocol to ensure that investigations are completed including interviews. I'll be the primary person responsible for the investigations, and if I am off for any reason then [Executive Director] or [Human Resource Director] will ensure it is done. The Day Treatment Supervisors typically do the IRIS reports, but from now on if it's an allegation about staff, then I will complete the supervisor section and I will be checking the IRIS system for follow up comments ..."	V 132		
V 318	13O .0102 HCPR - 24 Hour Reporting 10A NCAC 13O .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be	V 318		

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V 318	Continued From page 7 submitted to the Department in accordance with G.S. 131E-256(g).	V 318		

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to report an allegation of abuse to the Health Care Personnel Registry (HCPR) within 24 hours of becoming aware of the allegation. The findings are:

Review on 7/3/25 of Client #1's record revealed:
-Date of Admission: 3/21/24.
-Age: 14 years old.
-Diagnoses: Disruptive Mood Dysregulation Disorder; Attention-Deficit Hyperactivity Disorder, Combined Type; Circadian Rhythm Sleep Disorder; Reaction to Severe Stress, Unspecified.
-Treatment plan dated 3/11/25 " ...What does not work ...trying to process the situation before he has time to calm down ...getting to close to him will make him angrier ..."

Review on 7/3/25 and 7/7/25 of the QP's personnel record revealed:
-Date of Hire: 2/24/25.
-Crisis Prevention Institute (CPI) training 2/28/25.

Review on 7/2/25 and 7/7/25 of the North Carolina Incident Response Improvement System (IRIS) from 4/1/25-7/2/25 revealed:
-A report regarding an allegation of abuse made by Client #1 on 6/27/25 that the QP "grabbed and

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yanked his arm to get him off the floor" had an initial submission date of 6/30/25.

Interview on 7/2/25 with Client #1 revealed:
-On 6/27/25 he informed both the Day Treatment Supervisor and the Clinician of his allegation of abuse by the QP.

Interview on 7/2/25 with the QP revealed:
-On 6/27/25 Client #1 refused to leave the classroom to "just come talk to me in private ...I approached him, and he was in his seat, and I lightly touched him. I placed a gentle open hand on his shoulder as a support system ...Client #1 started flailing his arms wildly and swinging his arms and almost hit his other peers ..."

Interview on 7/15/25 with the Clinician revealed:
-On 6/27/25, he " ...asked [Client #1] to tell me what all happened and he had tears in his eyes while talking, and he claimed he was grabbed by [QP] for no reason ...I reported to [Day Treatment Supervisor] the story that [Client #1] gave me ... [Day Treatment Supervisor] took care of the incident report piece and I think I spoke with [Quality Management (QM)/Training Director] to let her know [Day Treatment Supervisor] would be doing an incident report for a possible staff putting hands on a client ..."

Interview on 7/2/25 and 7/15/25 with the Day Treatment Supervisor revealed:
-The 6/27/25 "I had everybody leave my office so I could talk to [Client #1]. He was upset and said '[QP] grabbed me ...he (Client #1) pulled up his sleeves and said, 'he did this to me' and he showed me red marks on both arms ..."

Interview on 7/15/25 with the Executive Director revealed:

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V 318	Continued From page 9 -"If there are accusations against staff, [QM/Training Director] would investigate ... [QM/Training Director] enters a lot of the IRIS reports, but [Day Treatment Supervisor] enters IRIS for this program but still sends [QM/Training Director] the information so she can track it." Interview on 7/15/25 with the QM/Training Director revealed: -"On 6/27/25, [Day Treatment Supervisor] shared with me that [Client #1] said [QP] pulled him up by the arm to get him out of the classroom ...The Day Treatment Supervisors typically do the IRIS reports, but from now on if it's an allegation about staff, then I will complete the supervisor section and I will be checking the IRIS system for follow up comments ..."	V 318		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;	V 366		

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V 366	Continued From page 10 (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;	V 366		

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V 366	Continued From page 11 (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law.	V 366		

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V 366	Continued From page 12 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement written policies governing their response to all level II and III incidents and failed to issue written preliminary finding of facts within five working days of a level III incident to the Local Management Entity (LME)/Managed Care Organization (MCO). The findings are: Review on 7/15/25 of the facility's Clinical Incident Reports dated 4/14/25-7/14/25 revealed: -On 6/27/25 at approximately 9: 40 am, Client #1 was agitated and displayed disruptive behavior in the classroom. The Qualified Professional (QP) and the Clinician "used therapeutic techniques and verbal de-escalation strategies to support the client (Client #1) in safely exiting the classroom. The client was escorted to the solution room ..." Review on 7/2/25 and 7/7/25 of the North Carolina Incident Response Improvement System (IRIS) from 4/1/25-7/2/25 revealed: -A report regarding an allegation of abuse made by Client #1 on 6/27/25 that the QP "grabbed and yanked his arm to get him off the floor" had an initial submission date of 6/30/25. -No report was submitted regarding the restrictive intervention applied to Client #1 on 6/27/25, by the QP and the Clinician. -No documentation of attending to the health and safety needs of individuals involved in the incident, determining the cause of the incident, assigning person(s) to be responsible for implementation of corrections and preventive measures, or convening a meeting of an internal review team of individuals who were not involved	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 366	Continued From page 13 in the client's direct care within 24 hours of the incident. Interview on 7/2/25 with Client #1 revealed: -On 6/27/25 the QP "put his hands on me and stuff" which resulted in a restrictive intervention by the QP and the Clinician. -He informed both the Day Treatment Supervisor and the Clinician the QP had grabbed him. Interview on 7/15/25 with Client #2 revealed: -Regarding the 6/27/25 incident involving Client #1, the QP, and the Clinician, "Nobody interviewed me. Nobody asked me what I saw. I didn't have to write a statement or anything." Interview on 7/15/25 with Client #3 revealed: -Nobody questioned him about what he witnessed during the 6/27/25 incident with Client #1, the QP, and the Clinician. Interview on 7/18/25 with Client #4 revealed: -"No other person has asked me questions about this (6/27/25 incident with Client #1, the QP, and the Clinician)." Interview on 7/2/25 with the QP revealed: -On 6/27/25 Client #1 refused to leave the classroom to "just come talk to me in private ...I approached him, and he was in his seat, and I lightly touched him. I placed a gentle open hand on his shoulder as a support system ...Client #1 started flailing his arms wildly and swinging his arms and almost hit his other peers ..." -Both he and the Clinician carried Client #1 out of the classroom on 6/27/25. -"I completed an incident report the same day the incident happened (6/27/25)." -He had not been "interviewed or debriefed" by anyone at the facility after the 6/27/25 incident.	V 366		

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V 366	Continued From page 14 Interview on 7/15/25 with the Clinician revealed: -On 6/27/25 he had been informed that Client #1 was "trying to fight" the QP. -Upon entering the classroom on 6/27/25, he assisted the QP in physically removing Client #1 from the classroom. -Shortly after the physical intervention, Client #1 "claimed he was grabbed by [QP] for no reason. I reported to [Day Treatment Supervisor] the story that [Client #1] gave me ...[Day Treatment Supervisor] took care of the incident report piece and I think I spoke with [QM/Training Director] to let her know [Day Treatment Supervisor] would be doing and incident report for a possible staff putting hands on a client ...I confirmed seeing him (QP) and [Client #1] tussling ..." Interview on 7/2/25 and 7/15/25 with the Day Treatment Supervisor revealed: -The 6/27/25 incident involving Client #1 was entered into IRIS. -"Our Clinician conducted the interviews, but he is on vacation ...and he said what [Client #1] told him matched what [Client #1] told me. [Quality Management (QM)/Training Director] happened to be here that day (6/27/25) and I ran it by her." -She was instructed by the QM/Training Director to enter a report into IRIS. -"When I entered it (6/27/25 incident) into IRIS, I put what was told to me by all parties [Client #1], [Clinician], and [QP]." Interview on 7/15/25 with the Executive Director revealed: -The Clinician informed him that there had been a situation of a client being pulled up his arm and should not have been because it didn't seem to be a crisis situation. -"If there are accusations against staff,	V 366		

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V 366	Continued From page 15 [QM/Training Director] would investigate. I am not sure if she investigated this or not, I was brought in on the tail end of this. I have been out (on leave). [QM/Training Director] enters a lot of the IRIS reports, but [Day Treatment Supervisor] enters IRIS for this program but still sends [QM/Training Director] the information so she can track it." Interview on 7/15/25 with the QM/Training Director revealed: -"On 6/27/25, [Day Treatment Supervisor] shared with me that [Client #1] said [QP] pulled him up by the arm to get him out of the classroom. [Day Treatment Supervisor] had already talked to [Client #1] and I made the mistake of taking it at face value of what had been reported, and I told [Day Treatment Supervisor] to ...enter a report into IRIS. I normally would have interviewed everyone involved in the incident, but I thought that was complete. I assumed interviews were completed by [Day Treatment Supervisor] when she informed me of the incident. Moving forward it will be protocol to ensure that investigations are completed including interviews. I'll be the primary person responsible for the investigations, and if I am off for any reason then [Executive Director] or [Human Resource Director] will ensure it is done. The Day Treatment Supervisors typically do the IRIS reports, but from now on if it's an allegation about staff, then I will complete the supervisor section and I will be checking the IRIS system for follow up comments ..." -Documentation is taught in our incident reporting processes and reporting requirements.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT	V 367		

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V 367	Continued From page 16 REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (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	V 367		

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V 367	Continued From page 17 obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .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.	V 367		

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V 367	Continued From page 18	V 367		

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to report all Level II and III incidents to the Local Management Entity (LME)/Managed Care Organization (MCO) responsible for the catchment area where services are provided within the mandated time frame. The findings are:

Review on 7/15/25 of the facility's Clinical Incident Reports dated 4/14/25-7/14/25 revealed:
-On 6/27/25 at approximately 9: 40 am, Client #1 was agitated and displayed disruptive behavior in the classroom. The Qualified Professional (QP) and the Clinician "used therapeutic techniques and verbal de-escalation strategies to support the client (Client #1) in safely exiting the classroom. The client was escorted to the solution room ..."

Review on 7/2/25 and 7/7/25 of the North Carolina Incident Response Improvement System (IRIS) from 4/1/25-7/2/25 revealed:
-A report regarding an allegation of abuse made by Client #1 on 6/27/25 that the QP "grabbed and yanked his arm to get him off the floor" had an initial submission date of 6/30/25.
-No report was submitted regarding the restrictive intervention applied to Client #1 on 6/27/25, by the QP and the Clinician.
-No documentation of the status of the effort to determine the cause of the 6/27/25 incident.

Interview on 7/2/25 with Client #1 revealed:

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V 367	Continued From page 19 -On 6/27/25 the QP "put his hands on me and stuff" which resulted in a restrictive intervention by the QP and the Clinician. -He informed both the Day Treatment Supervisor and the Clinician the QP had grabbed him. Interview on 7/15/25 with Client #2 revealed: -Regarding the 6/27/25 incident involving Client #1, the QP, and the Clinician, "Nobody interviewed me. Nobody asked me what I saw. I didn't have to write a statement or anything." Interview on 7/15/25 with Client #3 revealed: -Nobody questioned him about what he witnessed during the 6/27/25 incident with Client #1, the QP, and the Clinician. Interview on 7/18/25 with Client #4 revealed: -"No other person has asked me questions about this (6/27/25 incident with Client #1, the QP, and the Clinician)." Interview on 7/2/25 with the QP revealed: -On 6/27/25 Client #1 refused to leave the classroom to "just come talk to me in private ...I approached him, and he was in his seat, and I lightly touched him. I placed a gentle open hand on his shoulder as a support system ...Client #1 started flailing his arms wildly and swinging his arms and almost hit his other peers ..." -Both he and the Clinician carried Client #1 out of the classroom on 6/27/25. -"I completed an incident report the same day the incident happened (6/27/25)." -He had not been "interviewed or debriefed" by anyone at the facility after the 6/27/25 incident. Interview on 7/15/25 with the Clinician revealed: -On 6/27/25 he had been informed that Client #1 was "trying to fight" the QP.	V 367		

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V 367	Continued From page 20 -Upon entering the classroom on 6/27/25, he assisted the QP in physically removing Client #1 from the classroom. -Shortly after the physical intervention, Client #1 "claimed he was grabbed by [QP] for no reason. I reported to [Day Treatment Supervisor] the story that [Client #1] gave me ...[Day Treatment Supervisor] took care of the incident report piece and I think I spoke with [QM/Training Director] to let her know [Day Treatment Supervisor] would be doing and incident report for a possible staff putting hands on a client ...I confirmed seeing him (QP) and [Client #1] tussling ..." Interview on 7/2/25 and 7/15/25 with the Day Treatment Supervisor revealed: -The 6/27/25 incident involving Client #1 was entered into IRIS. -"Our Clinician conducted the interviews, but he is on vacation ...and he said what [Client #1] told him matched what [Client #1] told me. [Quality Management (QM)/Training Director] happened to be here that day (6/27/25) and I ran it by her." -She was instructed by the QM/Training Director to enter a report into IRIS. -"When I entered it (6/27/25 incident) into IRIS, I put what was told to me by all parties [Client #1], [Clinician], and [QP]." Interview on 7/15/25 with the Executive Director revealed: -The Clinician informed him that there had been a situation of a client being pulled up his arm and should not have been because it didn't seem to be a crisis situation. -"If there are accusations against staff, [QM/Training Director] would investigate. I am not sure if she investigated this or not, I was brought in on the tail end of this. I have been out (on leave). [QM/Training Director] enters a lot of the	V 367		

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V 367	Continued From page 21 IRIS reports, but [Day Treatment Supervisor] enters IRIS for this program but still sends [QM/Training Director] the information so she can track it." Interview on 7/15/25 with the QM/Training Director revealed: -"On 6/27/25, [Day Treatment Supervisor] shared with me that [Client #1] said [QP] pulled him up by the arm to get him out of the classroom. [Day Treatment Supervisor] had already talked to [Client #1] and I made the mistake of taking it at face value of what had been reported, and I told [Day Treatment Supervisor] to ...enter a report into IRIS. I normally would have interviewed everyone involved in the incident, but I thought that was complete. I assumed interviews were completed by [Day Treatment Supervisor] when she informed me of the incident. Moving forward it will be protocol to ensure that investigations are completed including interviews. I'll be the primary person responsible for the investigations, and if I am off for any reason then [Executive Director] or [Human Resource Director] will ensure it is done. The Day Treatment Supervisors typically do the IRIS reports, but from now on if it's an allegation about staff, then I will complete the supervisor section and I will be checking the IRIS system for follow up comments ..." -Documentation was taught in our incident reporting processes and reporting requirements.	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.	V 500		

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V 500	Continued From page 22 (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications. (c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies: (1) any restrictive intervention that is prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify: (1) the permitted restrictive interventions or allowed restrictions; (2) the individual responsible for informing the client; and (3) the due process procedures for an involuntary client who refuses the use of restrictive interventions. (e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:	V 500		

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V 500	Continued From page 23 (1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E); (2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and (3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all instances of alleged or suspected abuse, neglect or exploitation were reported to the local Department of Social Services (DSS). The findings are: Review on 7/3/25 of Client #1's record revealed: -Date of Admission: 3/21/24. -Age: 14 years old. -Diagnoses: Disruptive Mood Dysregulation Disorder; Attention-Deficit Hyperactivity Disorder, Combined Type; Circadian Rhythm Sleep Disorder; Reaction to Severe Stress, Unspecified. -Treatment plan dated 3/11/25 " ...What does not work ...trying to process the situation before he has time to calm down ...getting to close to him will make him angrier ..." Review on 7/3/25 and 7/7/25 of the Qualified Professional's (QP) personnel record revealed: -Date of Hire: 2/24/25.	V 500		

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V 500	Continued From page 24 -Crisis Prevention Institute (CPI) training 2/28/25. Review on 7/2/25 and 7/7/25 of the North Carolina Incident Response Improvement System (IRIS) from 4/1/25-7/2/25 revealed: -A report regarding an allegation of abuse made by Client #1 on 6/27/25 that the QP "grabbed and yanked his arm to get him off the floor" had an initial submission date of 6/30/25. Review on 7/15/25 of facility records revealed: -No evidence the facility reported Client #1's 6/27/25 allegation of abuse against the QP to DSS. Interview on 7/2/25 with Client #1 revealed: -On 6/27/25 he informed both the Day Treatment Supervisor and the Clinician of his allegation of abuse by the QP. Interview on 7/2/25 with the QP revealed: -On 6/27/25 Client #1 refused to leave the classroom to "just come talk to me in private ...I approached him, and he was in his seat, and I lightly touched him. I placed a gentle open hand on his shoulder as a support system ...Client #1 started flailing his arms wildly and swinging his arms and almost hit his other peers ..." -"I completed an incident report the same day the incident happened (6/27/25) ...I just wrote the report and hadn't heard anything. No supervisions were written on me. [Day Treatment Supervisor] did talk to me right after the incident happened and she asked me if I touched him (Client #1) and when I said I placed my hand on him for support, she explained that was one of his triggers and that's maybe why he acted that way ..." Interview on 7/15/25 with the Clinician revealed:	V 500		

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V 500	Continued From page 25 -On 6/27/25, "[Client #1] claimed he was grabbed by [QP] for no reason ...I reported to [Day Treatment Supervisor] the story that [Client #1] gave me ...[Day Treatment Supervisor] took care of the incident report piece and I think I spoke with [Quality Management (QM)/Training Director] to let her know [Day Treatment Supervisor] would be doing an incident report for a possible staff putting hands on a client ..." Interview on 7/2/25 and 7/15/25 with the Day Treatment Supervisor revealed: -The 6/27/25 "I had everybody leave my office so I could talk to [Client #1]. He was upset and said '[QP] grabbed me ...he (Client #1) pulled up his sleeves and said, 'he did this to me' and he showed me red marks on both arms ..." -She called DSS and reported Client #1's 6/27/25 allegation of abuse against the QP. Interview on 7/15/25 with the QM/Training Director revealed: -"On 6/27/25, [Day Treatment Supervisor] shared with me that [Client #1] said [QP] pulled him up by the arm to get him out of the classroom ...The Day Treatment Supervisors typically do the IRIS reports, but from now on if it's an allegation about staff, then I will complete the supervisor section and I will be checking the IRIS system for follow up comments ..." -The Day Treatment Supervisor was instructed to call DSS about the allegation. -Documentation is taught in our incident reporting processes and reporting requirements.	V 500		
V 521	27E .0104(e9) Client Rights - Sec. Rest. & ITO 10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION	V 521		

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V 521	Continued From page 26 TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL (e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions: (9) Whenever a restrictive intervention is utilized, documentation shall be made in the client record to include, at a minimum: (A) notation of the client's physical and psychological well-being; (B) notation of the frequency, intensity and duration of the behavior which led to the intervention, and any precipitating circumstance contributing to the onset of the behavior; (C) the rationale for the use of the intervention, the positive or less restrictive interventions considered and used and the inadequacy of less restrictive intervention techniques that were used; (D) a description of the intervention and the date, time and duration of its use; (E) a description of accompanying positive methods of intervention; (F) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the emergency use of seclusion, physical restraint or isolation time-out to eliminate or reduce the probability of the future use of restrictive interventions; (G) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the planned use of seclusion, physical restraint or isolation time-out, if determined to be clinically necessary; and (H) signature and title of the facility employee who initiated, and of the employee who further authorized, the use of the intervention. This Rule is not met as evidenced by:	V 521		

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V 521	Continued From page 27 Based on record review and interview, the facility failed to ensure the necessary documentation was in the client record when a restrictive intervention was utilized affecting 1 of 1 audited client (Client #1). The findings are: Review on 7/3/25 of Client #1's record revealed: -Date of Admission: 3/21/24. -Age: 14 years old. -Diagnoses: Disruptive Mood Dysregulation Disorder; Attention-Deficit Hyperactivity Disorder, Combined Type; Circadian Rhythm Sleep Disorder; Reaction to Severe Stress, Unspecified. -Treatment plan dated 3/11/25 " ...What does not work ...trying to process the situation before he has time to calm down ...getting to close to him will make him angrier ..." Review on 7/15/25 of the facility's Clinical Incident Reports dated 4/14/25-7/14/25 revealed: -Incident on 6/27/25 at approximately 9: 40 AM the Clinician and the Qualified Professional (QP) utilized a restrictive intervention to remove Client #1 from the classroom. "The program supervisor (Day Treatment Supervisor) was informed of the incident immediately following the client's removal, and appropriate documentation and follow-up procedures were initiated." Review on 7/15/25 of facility records revealed: -No notation of the frequency, intensity and duration of the behavior which led to the interventions, and any precipitating circumstance contributing to the onset of the behavior. -No documentation of the description of the restrictive intervention, or the date, time, and duration of its use. -No notation of the clients' physical and psychological well-being after the restrictive interventions.	V 521		

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V 521	Continued From page 28 -No description of the debriefing and planning with the clients and their legally responsible person to eliminate or reduce the probability of the future use of restrictive interventions. -No documentation of the signature and title of the facility employee who initiated the use of the restrictive interventions. Interview on 7/15/25 with the Day Treatment Supervisor revealed: -On 6/27/25 she was made aware that Client #1 had made an allegation of abuse against the QP, but had not been informed a restrictive intervention had also been utilized on Cient #1 by the Clinician and QP. Interview on 7/15/25 with the Quality Management/Training Director revealed: -The Day Treatment Supervisors are responsible for incident reports. -Staff were trained to document start and end times of restrictive interventions. -Documentation was taught in incident reporting processes and reporting requirements.	V 521		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and	V 536		

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V 536	Continued From page 29 other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for	V 536		

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V 536	Continued From page 30 escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:	V 536		

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V 536	Continued From page 31 (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers.	V 536		

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This Rule is not met as evidenced by:
Based on record reviews and interviews, 1 of 3 audited staff (Qualified Professional (QP)) failed to implement practices and demonstrate competencies that emphasized the use of alternatives to restrictive interventions. The findings are:

Review on 7/3/25 of Client #1's record revealed:
-Date of Admission: 3/21/24.
-Age: 14 years old.
-Diagnoses: Disruptive Mood Dysregulation Disorder; Attention-Deficit Hyperactivity Disorder, Combined Type; Circadian Rhythm Sleep Disorder; Reaction to Severe Stress, Unspecified.
-Treatment plan dated 3/11/25 " ...What does not work ...trying to process the situation before he has time to calm down ...getting to close to him will make him angrier ..."

Review on 7/3/25 and 7/7/25 of the QP's personnel record revealed:
-Date of Hire: 2/24/25.
-Crisis Prevention Institute (CPI) training 2/28/25.

Review on 7/2/25 of the North Carolina Incident Response Improvement System (IRIS) from 4/1/25-7/2/25 revealed:
-On 6/27/25, Client #1 "was not responding to classroom staff. Client (#1) sat down in floor and would not follow expectations. Client was agitated and would not comply ...Staff member (QP) could have given client time and space to use coping

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V 536	Continued From page 33 skills and calm down and then try to use therapeutic interventions to get client to comply ..." Review on 7/15/25 of the facility's Clinical Incident Reports dated 4/14/25-7/14/25 revealed: -Incident on 6/27/25 involving Client #1: "At approximately 9:40 AM, staff (Staff #1) from the high school classroom requested assistance in removing the client due to escalating behavioral concerns. The client was reported to be displaying disrespectful behavior, refusing to follow staff prompts, and being increasingly disruptive to the learning environment. His actions were also noted as a distraction to his peers (clients) and were preventing the group from maintaining a productive classroom setting. Upon arrival, responding staff (QP) attempted to engage the client verbally, encouraging him to exit the classroom voluntarily in order to process his behavior in a more appropriate setting. The client refused to comply resulting in staff (QP) approaching the client. When staff gently placed a supportive hand on the client's back to prompt movement, the client became further escalated and began swinging his arms in a defensive and agitated manner, making it unsafe for staff or peers in close proximity. Client was resisting and flailing his arms, thereby creating a potentially unsafe environment and risking unintentional physical contact with peers. Due to the client's level of physical aggression and refusal to leave the classroom, staff (QP) requested that the therapist (Clinician) be brought in to assist with the intervention. The client's behavior escalated further, requiring more than one staff member to assist in order to maintain safety and prevent harm to others ..." Review on 7/7/25 of an internal investigation	V 536		

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report signed by the Quality Management (QM)/Training Director on 7/3/25 and received from the Day Treatment Supervisor via email correspondence on 7/5/25 revealed:
-On 6/27/25, Client #1 reported "that he was just sitting there (in the classroom) as he didn't want to go talk to [QP] ...that he was grabbed by [QP] due to him (Client #1) not moving or getting up to go talk. The client stated that he was complying and was calm before [QP] came to his classroom. The client stated that he doesn't like to be grabbed or touched so he tried to get away from being held ..."
-"[Clinician] said he also spoke to [QP] about the incident after it happened on 6/27/2025. [Clinician] said that [QP] told him that the client refused to come talk so he grabbed him by his arm for the purpose of getting him out of the classroom ..."
-The QM/Training Director, the Human Resources Director, and the Day Treatment Supervisor "are in agreement to terminate the employment of [QP] due to this incident ..."

Interview on 7/2/25 with Client #1 revealed:
-" ...I got mad one day (6/27/25) and I put my head down on my desk to use my coping skills and [QP] just came along and told me 'either you get up, or I will get you up' and he pushed me out of the chair. I fell out of my desk and got back in my chair, and he grabbed the desk and pushed me over. I stood up and just stayed at my desk and didn't move because he (QP) just wanted to come over and push me around and stuff. I didn't even want to talk to him. I don't like him. He is just fussy and bossy ...I didn't lay my hands on him (QP). I didn't touch him or nothing. He is the one who put his hands on me and stuff ...[QP] had just come up to me when I had my head down on my desk and he grabbed me by the shirt

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V 536	Continued From page 35 and then started pushing me ..." Interview on 7/15/25 with Client #2 revealed: -On 6/27/25, "I was in the classroom and [Client #1] was mad about something ...and refused to do what teachers told him and he refused to get up and so they got [QP] in there and he said 'you can go to the solution room willingly, or I can help you go ...'and [Client #1] wouldn't get up and [QP] tried to get him up ..." Interview on 7/15/25 with Client #3 revealed: -On 6/27/25, "Basically [Client #1] was there with his head down and threw papers on the floor. He wasn't listening and [Staff #1] called [QP] and he came and he asked [Client #1] to get up and go to the solution room politely and [Client #1] wasn't listening and didn't respond, so [QP] said 'I will guide you, you can either walk yourself there, or I will guide you there.' Basically, he (QP) grabbed his (Client #1's) arm. [Client #1] was sitting at the desk with his head down when [QP] grabbed his arm. I got front row seats. I was sitting right next to him like not even one step away from him. [Staff #1] told me to get up. We (clients) were still in the classroom and the commotion started moving toward [Client #2] and [QP] was still getting [Client #1] to try and comply, and [Client #1] was flopping and fell to the floor on purpose with his arms up and flailing around. [QP] wanted to get him up and he couldn't get him up off the floor ..." Interview on 7/18/25 with Client #4 revealed: -"I was in the classroom (on 6/27/25), the day [Client #1] was throwing paper around and putting his head down on the desk and [Staff #1] was telling him to stop and he would not listen, and she got another staff (QP). His name was [QP] and when [QP] told him (Client #1) multiple times	V 536		

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to get up, and to let's go talk, [Client #1] would just put his head down and he didn't move and wouldn't do anything. [QP] said, 'we can do this the hard way or we can just go ahead and go out' and then [QP] went to pull him (Client #1), but didn't pull him hard to try to get [Client #1] out of his seat and [Client #1] shrugged really hard and [Client #1] fell onto the floor and [QP] tried to pick him up from under the arms to help him up and [Client #1] refused over and over again ..."

Interview on 7/2/25 with Staff #1 revealed:
-On 6/27/25, "we were doing an activity in the classroom. [Client #1] brought me his paper, but it was incomplete, and I asked him to redo it for me. He threw his paper on the floor and picked up a bucket of clay. He then got on the floor and started flopping around. I asked him to get up and he complied ...[Client #1] threw a paper and pencil again and was referring to me as 'bruh' and not following instructions. I got [QP] to try to get him to calm down ..."
-She was not present for the remainder of the 6/27/25 incident with Client #1 because she left the classroom to get the Clinician for assistance.

Interview on 7/2/25 with the QP revealed:
-On 6/27/25 "I was in the bathroom and got a text message from one of the high school staff (Staff #1) asking if I could come help get [Client #1] out of the classroom because he was having behaviors and unsafe signs with the teachers ...I went to the classroom and asked [Client #1] to just come talk to me in private ...I was at the doorway and asking him to come talk and he was being unresponsive and didn't want to move, and I approached him and he was in his seat, and I lightly touched him. I placed a gently open hand on his shoulder as a support system to let him know I was there and asked if he would come

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V 536	Continued From page 37 talk. [Client #1] started flailing his arms wildly and swinging his arms and almost hit other peers ...I told [Staff #1] to get [Clinician] ..." Interview on 7/15/25 with the Clinician revealed: -Immediately after the incident on 6/27/25, the QP "informed me he got a text to respond to the class because [Client #1] had behaviors and [QP] came over as a male to encourage [Client #1] ...[QP] told me [Client #1] didn't want to talk and then [QP] told me he proceeded to grab his arm and that is what started it. I know that (getting too close/touching) is a trigger for [Client #1] ...[QP] is young and his approach instead of building a rapport was to I guess dominate the clients with the I am boss type mode ..." Interview on 7/15/25 with the QM/Training Director revealed: -"If a kid (client) is refusing, staff are taught to not get into a power struggle with the kids." This deficiency is cross referenced into 10A NCAC 27E .0108 Training in Seclusion, Physical Restraint and Isolation Time-Out (V537) for a Type B rule violation and must be corrected within 45 days.	V 536		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that	V 537		

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V 537	Continued From page 38 staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Acceptable training programs shall include, but are not limited to, presentation of: (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and	V 537		

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

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V 537	Continued From page 40 observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule. (6) Acceptable instructor training programs shall include, but not be limited to, presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) evaluation of trainee performance; and (D) documentation procedures. (7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule. (8) Trainers shall be currently trained in CPR. (9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach. (10) Trainers shall teach a program on the use of restrictive interventions at least once annually. (11) Trainers shall complete a refresher instructor training at least every two years. (k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcome (pass/fail); (B) when and where they attended; and (C) instructor's name.	V 537		

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V 537	Continued From page 41 (2) The Division of MH/DD/SAS may review/request this documentation at any time. (l) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times, the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record reviews and interviews, 2 of 3 audited staff (Qualified Professional (QP) and Clinician) failed to demonstrate competency during the implementation of restrictive interventions. The findings are: Cross Reference: 10A NCAC 27E .0107 Training on Alternatives to Restrictive Interventions (V536). Based on record reviews and interviews, 1 of 3 audited staff (the Qualified Professional (QP)) failed to implement practices and demonstrate competencies that emphasized the use of alternatives to restrictive interventions. Review on 7/17/25 of the Clinician's personnel record revealed: -Date of Hire: 3/1/24. -CPI training 2/28/25. Review on 7/15/25 of the facility's Clinical Incident Reports dated 4/14/25-7/14/25 revealed:	V 537		

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V 537	Continued From page 42 -Incident on 6/27/25 at approximately 9:40 AM involving Client #1: The Clinician and the QP, "...used therapeutic techniques and verbal de-escalation strategies to support the client in safely exiting the classroom. The client was escorted to the solution room, where he was given space and time to regulate his emotions and process the incident in a calm and structured environment ..." Review on 7/2/25 of the North Carolina Incident Response Improvement System (IRIS) from 4/1/25-7/2/25 revealed: -The 6/27/25 incident involving Client #1, the QP, and the Clinician resulted in client #1 having "red marks on his arm." Interview on 7/2/25 with Client #1 revealed: -On 6/27/25, " ...When I fell out of my desk and onto the floor he (QP) tried to pick me up and he couldn't do it and [Clinician] came in to help him and he (Clinician) said, 'oh my gosh what are you doing' and everyone acted like it was my fault ... [Clinician] came in and grabbed my legs and [QP] grabbed my arms and put me in the solution room ..." -"It hurt my right arm...it was a stinging pain and I had a red mark on my arm. You could still see a tiny bit of red on it when I got home..." -"There's cameras in the hallways (of the facility) but not in the classroom. There was no cameras that could basically see what happened that day. If it had happened on the other side of the wall, the cameras would have saw the whole thing." Interview on 7/15/25 with Client #2 revealed: -" ...[Client #1] was trying to go to the other side of the room and I think [Client #1] tripped and he fell down on the floor. [QP] tried to get him up and [Client #1] was fighting back and not wanting to	V 537		

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leave the classroom and then [Clinician] came in and helped to get him out of the room. [QP] grabbed [Client #1's] arms and [Clinician] grabbed [Client #1's] legs and they just walked him out of there. They carried him. [Client #1] was flailing around and trying to get away, but he couldn't because they had his arms and legs, and they went to the solution room and I don't know what happened after that because we (clients) went back to the classroom and shut the door."

Interview on 7/15/25 with Client #3 revealed:
-On 6/27/25 the QP and the Clinician carried Client #1 "like a bag to the solution room ...They had his hands together above his head and his legs together, so he wouldn't kick or hit and took him to the solution room. [Client #1] was yelling, but I couldn't understand him, I think he said 'get the f**k off me.'"

Interview on 7/18/25 with Client #4 revealed:
-" ...[Clinician] came in and we (clients) all left the classroom, and I could see [Clinician] and [QP] carry [Client #1] like a body bag into the solution room. After that, we all returned to the classroom. [Client #1] came back into the classroom a while later, but he didn't talk to any one of us, or say anything about it to us ..."

Interview on 7/2/25 with the QP revealed:
-On 6/27/25, when the Clinician "arrived in the classroom, me and [Clinician] guided him (Client #1) out altogether. Originally, I was just trying to hold his wrist, so he wouldn't be flailing at the students (clients), but [Clinician] grabbed his legs and so I grabbed his arms, and we carried him out to the solution room ..."
-Was currently certified in CPI. "We (staff) are instructed to do walking holds, and we (QP and Clinician) tried to do that with [Client #1], but

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V 537	Continued From page 44 since he was kicking and flailing his arms, we couldn't walk him, so we carried him out ...This was my first and only restrictive intervention incident ..." Interview on 7/15/25 with the Clinician revealed: -"On 6/27/25, I was in my office working on clinical documentation as normal and one of the classroom staff (Staff #1) ...ran in my office and said [Client #1] was trying to fight [QP], so I went over and saw [QP] tussling with [Client #1], so immediately I go in and grab [Client #1's] feet and ...grabbed his feet and helped [QP] get him to the solution room and immediately [Client #1] was very calm ..." -"I am trained in CPI. I had CPI training recently. Our whole team went for training a couple of months ago and [Quality Management (QM)/Training Director] conducted the CPI training. The training demonstrates one man, and 2 person moves from seated to standing. When I went in the room (classroom), [Client #1] was down on the ground and [QP] was standing over him and tussling and it appeared that they were fighting, and I instinctively grabbed [Client #1's] legs and we got him to the solution room. He was flailing like a fish. I don't know what I would call it. I was just reacting in the moment to get him to the solution room and have him safe and to then find out what happened ...There hasn't been a restraint used here in probably a year. I have been here for a little over a year and there hasn't been a restraint." Interview on 7/15/25 and 7/18/25 with the Day Treatment Supervisor revealed: -On 6/27/25, she witnessed red marks on Client #1's arms. -The facility did not have cameras in the classrooms.	V 537		

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V 537	Continued From page 45 -Since the 6/7/25 incident, staff were re-trained in mental health training on 7/3/25, staff were trained in de-escalation procedures on 7/17/25-7/18/25, a safety list was made for every client with a named staff member of each client's choice, and staff meetings were implemented on 7/17/25 and will continue indefinitely. Interview on 7/15/25 with the Quality Management (QM)/Training Director revealed: -Did not know the Clinician had been physically involved in the 6/27/25 incident with Client #1. -"I am the CPI instructor. The technique described is not part of our CPI training." -"Cameras are only in the common areas of the facility, but since this incident, [Executive Director (ED)] is asking IT (Information Technology) to possibly place them in the classrooms." -"I plan to reiterate in CPI training that staff are only authorized to use approved CPI techniques." Interview on 7/15/25 with the Executive Director revealed: -Pulling a client up by their arm was not a CPI approved technique. -Was not aware that Client #1 had been placed in a restrictive intervention by both the Clinician and the QP on 6/27/25. -The facility did not have cameras in the classrooms. Review on 7/18/25 of a Plan of Protection (POP) signed and submitted by the Day Treatment Supervisor on 7/18/25 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? The facility has implemented a client de-escalation procedure. All staff have received a copy of the policy and have been adequately trained on the procedure on July 17, 2025 (see	V 537		

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V 537	Continued From page 46 attached acknowledgement). The procedure will be easily accessible in all classrooms. All staff will attend and complete CPI refresher course on August 8, 2025, with the Quality Assurance Manager. Each client has identified two preferred safe people in the building June 16, 2025. (See attachment) Client have access to their safe people, before, during and or after an incident to prevent or regulate themselves. Client will then process with clinician. Client Safe person(s) is easily accessible. Each classroom staff member has a copy of the safe person list. Staff will only use physical restraints as a last resort when the client is a danger to themselves or others. In those rare cases only CPI interventions will be used. Staff have also completed training on understanding mental health on July 3, 2025. Describe your plans to make sure the above happens. De-escalation procedures will be reviewed monthly in staff meetings which began on 7,17,2025 and will be ongoing. Staff meetings will also address any possible behavior concerns for specific clients. Collectively during staff meetings staff will create a specific intervention plan for that client. Staff will also role play different de-escalation techniques. All new staff will complete the same training during onsite orientation. The policy will also be added to the manual for the facility. The Program Supervisor (Day Treatment Supervisor) will ensure the above actions and tasks are completed." Review on 7/18/25 of the Client De-escalation procedure training attached to the POP received on 7/18/25 revealed: -"Purpose: To ensure staff respond appropriately and consistently to potential or active client outbursts using proactive, supportive, and trauma-informed	V 537		

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V 537	Continued From page 47 strategies that minimize harm and support emotional regulation. I. BEFORE VIOLENT OUTBURST (PREVENTION & EARLY INTERVENTION) 1. Build Relationships & Trust Establish consistent, respectful, and supportive communication with clients. Know individual trigger, preferences, and warning signs for each client. 2. Monitor for Early Warning Signs Be alert for behaviors such as pacing, clenched fists, raised voice, isolation, or change in facial expressions or tone. Note any environmental factors (noise, crowding, change in routine) that may contribute to distress. Maintain awareness of recent medication adjustments and note any significant behavioral changes. Be mindful that anniversaries of certain events, holidays, and birthdays can also be triggers. 3. Use Preventative Interventions Redirect client to calming activities (drawing, deep breathing, quiet space). Offer choices to give the client a sense of control (e.g., 'Would you like to take a 5-minute break or use headphones?'). Use calm, non-threatening body language and voice tone. Involve familiar staff who have a positive rapport with the client when possible. II. DURING A VIOLENT OUTBURSE (CRISIS RESPONSE) 1. Ensure Safety First Move other clients and staff out of the area if necessary. Remove trigger if it is another client or staff member Use crisis alert protocol (e.g., call for support via walkie-talkie. Do not individually text other	V 537		

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V 537	Continued From page 48 staff. Use walkie talkie or group chat so that all staff is aware an on alert to help if necessary Maintain a safe distance (minimum of 6 feet) and avoid sudden movements. 2. Use Verbal De-escalation Techniques Speak calmly, slowly, and respectfully: Set clear, simple limits: 'It's not okay to hit. I'm going to give you space now.' Offer alternative choices: take a walk with staff, use of any available tools such as punching bag, pressure vest, bean bag chair, weighted blanket, etc. Do not argue, challenge, or use sarcasm. 3. Physical Intervention (If required) If we feel a client is in danger and there is a need to physically intervene, other than light redirection, it must be a CPI-authorized intervention only. Should not be done by Clinician unless it is an absolute emergency (Imminent physical harm to client or others) This is to keep the therapeutic relationship intact Only trained staff may use CPI-approved physical interventions. Ensure any physical interventions should only be done in accordance with CPI standards. Physical restraint should be the last resort and only used when there is immediate danger to self or others. Important Note: Physical interventions are CPI-approved methods. Using a hold, carry, or other intervention that restricts a client's movement, outside of an approved CPI intervention, is considered using an unauthorized restraint and is not allowed. This may be grounds for disciplinary action, up to termination. CPI physical restraints are proven safe interventions when used appropriately and as trained. 4. Maintain Professionalism Stay calm and neutral-do not take the behavior personally.	V 537		

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V 537	Continued From page 49 Avoid power struggles or threats. III. AFTER A VIOLENT OUTBURST (RECOVERY & SUPPORT) 1. Stabilize the Environment Remove or secure any dangerous objects. Allow the client space and time to self-regulate (quiet room, sensory tools, etc.). Supervise client with minimal verbal interaction until calm. 2. Process the Incident with the Client (Clinician if available) (When Ready) Engage in a restorative conversation: 'What happened? What were you feeling? What could help next time?' Help the client identify triggers and alternative coping strategies. 3. Complete Documentation Record the incident in detail including antecedents, behavior, interventions, and outcomes. Notify appropriate supervisors and case managers per protocol. 4. Staff Debrief Meet as a team to discuss what worked, what could improve, and how to support the client and each other moving forward. Monitor staff emotional well-being after the incident. 5. Update Support Plans (Case Manager) Review and revise the client's Behavior Support Plan or Safety Plan as needed. Ensure team members are informed of any updates. Key Reminders: Always prioritize safety - physical, emotional, and psychological - for all. Stay regulated: A calm adult helps create a calm child. Consistency is key: Follow procedures uniformly to build trust and structure."	V 537		

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V 537	Continued From page 50 Review on 7/18/25 of the Staff Acknowledgement attached to the POP received on 7/18/25 revealed: -"I acknowledged I have received and reviewed the Classroom De-escalation Procedure" included each staff member's printed name, signature and date. Review on 7/18/25 of the Safety List attached to the POP received on 7/18/25 revealed: -A typed document which listed the initials of each client, identified which classroom each client was assigned to (Elementary, Middle, or High School) and their identified "Safe Person." Client #1 was diagnosed with Disruptive Mood Dysregulation Disorder, Attention-Deficit Hyperactivity Disorder, and Reaction to Severe Stress. On 6/27/25 Client #1 exhibited disruptive behaviors in the classroom. The QP responded to the situation but did not allow Client #1 sufficient time and space to implement coping strategies. Instead, the QP physically directed Client #1 out of the classroom, which further escalated Client #1's behavior requiring additional staff support. Subsequently, the Clinician and QP physically removed Client #1 from the classroom setting by grabbing him by the arms and legs, and carrying him to the solution room. Client #1 reported that after the 6/27/25 incident, he experienced arm pain and noted redness to his arms. 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.	V 537		