

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-296</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/14/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DOROTHY'S PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1961 BROWNSTONE COURT GASTONIA, NC 28054</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on 1/14/26. The complaints were unsubstantiated (intake #NC00235024 and #NC00235297). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.</p> <p>This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 4 current clients and 3 former clients.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug;</p>	V 118		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 118	<p>Continued From page 1</p> <p>(D) date and time the drug is administered; and (E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that medications were administered on the written order of a physician and failed to keep the MAR current affecting 1 of 4 audited current clients (client #1).</p> <p>Review on 1/7/26 of client #1's record revealed: -Age 9 years. -Admitted 10/22/25. -Diagnoses: Post Traumatic Stress Disorder, Reaction to Severe Stress, Unspecified; Intellectual Disability Disorder; Disruptive Mood Dysregulation Disorder; Attention Deficit Hyperactivity Disorder (ADHD), Combined; Person with Feared Health Complaint in Whom No Diagnosis is Made; Enuresis Not Due to a Substance or Known Physiological Condition. -Physician Orders: 10/1/25 for Divalproex (mood stabilizer) 250mg (milligrams), take one tablet by mouth twice daily; Clonidine (ADHD) 0.1mg, take one tablet by mouth twice daily; Qelbree (ADHD) 200mg, take one capsule by mouth in the morning; Desmopressin (Enuresis) 0.1mg, take one tablet by mouth nightly at bedtime; Hydroxyzine</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>(agitation, aggression) 50mg, take one tablet by mouth twice a day as needed (PRN). 12/1/25 Desmopressin (Enuresis) 0.2mg, take one tablet by mouth nightly at bedtime. -No physician order for Tylenol.</p> <p>Reviews on 1/5/26 and 1/7/26 of client #1's MARs from 10/22/25-1/7/26 revealed: -Tylenol medication initialed as administered on 12/2/25, 12/10/25, 12/16/25, 12/23/25, and 12/30/25 and handwritten note "error". -Tylenol medication was initialed as administered on 10/23/25-10/31/25. -No documentation of the number of Tylenol tablets administered per day. -No documentation of reason Tylenol was administered.</p> <p>Interview on 1/7/26 with the House Manager revealed: -Kept a file of all client physician orders, "I will provide those." -The dates in December 2025 on client #1's MAR for the administration of Tylenol was an error. -Staff had initialed the administration of Tylenol in error and the medication was not administered by staff. -The dates for the Tylenol were crossed out in December because client #1 was "not getting the Tylenol and I have talked to staff about that (error)." -Would make a note on the client's MAR to explain such errors going forward. -Regarding OTC medications, "all the guys (clients) have that on their MAR in case they have a headache or anything like that; things like [OTC cold medication], cold medicines are kept in the medication drawer as part of overstock medications." -Was not aware that a physician order was</p>	V 118		

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V 118	Continued From page 3  needed to administer OTC and "overstock medications" to clients.	V 118		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing  10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents. (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in	V 296		

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V 296	<p>Continued From page 4</p> <p>the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the required minimum number of 2 direct care staff for 1 to 4 clients present. The findings are:</p> <p>Review on 1/7/26 of client #1's record revealed: -Age 9 years. -Admitted 10/22/25. -Diagnoses: Post Traumatic Stress Disorder, Reaction to Severe Stress, Unspecified; Intellectual Disability Disorder; Disruptive Mood Dysregulation Disorder (DMDD); Attention Deficit Hyperactivity Disorder (ADHD), Combined; Person with Feared Health Complaint in Whom No Diagnosis is Made; Enuresis Not Due to a Substance or Known Physiological Condition.</p> <p>Review on 1/7/26 of client #2's record revealed: -Age 10 years. -Admitted 10/20/25. -Diagnoses: Adjustment Disorder, with Mixed of Conduct; Eczema; Bee Sting Allergy.</p>	V 296		

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V 296	<p>Continued From page 5</p> <p>Review on 1/7/26 of client #3's record revealed: -Age 11 years. -Admitted 11/7/23. -Diagnoses: Oppositional Defiant Disorder; Generalized Anxiety Disorder; Conduct Disorder; Major Depressive Disorder; Growth Hormone Deficiency.</p> <p>Review on 1/13/26 of client #4's record revealed: -Age 11 years. -Admitted on 1/24/24. -Transferred to a sister facility on 12/21/25. -Diagnoses: DMDD; ADHD.</p> <p>Interview on 1/8/26 with client #1 revealed: -Two staff worked in the morning, there were two staff in the evening, and two staff on the weekends. -"Maybe two or one staff in the van; one or two staff pick up (clients) from school." -There were "no times when staff work alone, only [staff #7] works alone on the weekends."</p> <p>Interview on 1/8/26 with client #2 revealed: -"Two staff, sometimes one work on shift; on night shift Saturday, Sunday and Monday [staff #7] works by herself. She works on Tuesday too, but she works with someone (staff). And if someone (staff) doesn't come to work, staff has to wait for someone (staff) to come work with them." -"Sometimes one staff transport, sometimes two, but mostly one because some staff don't have cars; when we (clients) are in the van, one or two staff transport."</p> <p>Interview on 1/8/26 with client #3 revealed: -"Two or maybe three staff work each shift." -"[Staff #4's nickname] works her shift alone; she</p>	V 296		

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V 296	<p>Continued From page 6</p> <p>used to work alone all the time and now she works with other people (staff)." -"One or two staff transport, once there was three staff."</p> <p>Unable on 1/8/26 and 1/14/26 to interview client #4 as he was out of the facility.</p> <p>Interview on 1/14/26 with staff #2 revealed: -Worked 3rd shift (Monday through Thursday, 11pm-8am) and did not work weekends. -Worked the 3rd shift with staff #7 weekdays and did not know if staff #7 worked alone on the weekend. -Two staff worked each shift, "two (staff) when clients are sleeping" and two staff from "6am-7:30am getting ready for school, doing hygiene and getting meds (medications)." -Staff had worked alone on shifts in the past, "but not recently; it's been over a year. I can't remember the last time I worked by myself." -Was not aware of any staff currently working a shift alone. -Provided transportation for clients, "most of the time I am transporting alone; the children (clients) are at different schools so half (clients) are with another staff and half are with me."</p> <p>Interview on 1/8/26 with staff #3 revealed: -Worked 1st (8am-3pm) and 2nd (3pm-11pm) shifts. -Had not worked alone and was not aware of any staff that worked alone. -There were two staff on each shift and two staff transported clients.</p> <p>Interview on 1/14/26 with staff #4 revealed: -Two staff worked on each shift and two staff worked when clients are sleeping. -Worked 1st and 2nd shifts.</p>	V 296		

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V 296	<p>Continued From page 7</p> <p>-Had never worked a shift alone and was not aware if other staff worked alone on shift.</p> <p>-I don't work on the night shift, I work mostly day until night and I work on the weekends.</p> <p>-"[Staff #7] has never worked by herself, not that I know of."</p> <p>-I am also referred to as [staff #4 nickname], it makes it easier for the kids (clients) to say."</p> <p>-"Two staff transport, always."</p> <p>Interview on 1/8/26 with staff #5 revealed:</p> <p>-Worked 2nd shift (3pm-11pm).</p> <p>-"There are two staff on shift weekdays, two (staff) on weekends and there have been no times when staff worked a shift alone."</p> <p>Interview on 1/8/26 with staff #6 revealed:</p> <p>-Worked 2nd shift (3pm-11pm).</p> <p>-Two staff on each shift and two staff provided transportation.</p> <p>Interview on 1/13/26 with the House Manager revealed:</p> <p>-"There is always 2 staff."</p> <p>-There had never been a time when staff worked alone. "If we (facility) don't have the staff then, I have to come in."</p> <p>-"[Staff #4 nickname] is [staff #4], no never a time when [staff #4] has worked alone. [Staff #7] with [Staff #3], [staff #2] or myself; she (staff #7) works Friday, Saturday, Sunday and Mondays, and no, she (staff #7) has never worked alone."</p> <p>Interview on 1/9/26 with the Qualified Professional (QP) revealed:</p> <p>-Two staff worked each shift during the week and on weekends.</p> <p>-Two staff transported clients.</p> <p>-"If they (staff) work a shift alone it is not long, usually about 30 minutes to an hour; if someone</p>	V 296		

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V 296	<p>Continued From page 8</p> <p>(staff) is running behind (late)."</p> <p>Interview on 1/8/26 with the Licensed Professional revealed: -Two staff worked on shifts and two staff transported clients.</p> <p>Interview on 1/8/26 with the Licensee/Owner/Executive Administrator (EA)/QP/Associate Professional (AP) revealed: -Two staff worked each shift and 2 staff transported clients.</p> <p>Interview on 1/14/26 with the Licensee/Owner/EA/QP/AP revealed: -There had been times when staff were not able to cover a shift or staff called out of work at the last minute. -He and the HM were the on call staff, would cover shifts and could arrive to the facility within thirty minutes to an hour of the call.</p>	V 296		
V 300	<p>27G .1708 Residential Tx. Child/Adol - Trans or dischg</p> <p>10A NCAC 27G .1708 TRANSFER OR DISCHARGE</p> <p>(a) The purpose of this Rule is to address the transfer or discharge of a child or adolescent from the facility.</p> <p>(b) A child or adolescent shall not be discharged or transferred from a facility, except in case of emergency, without the advance written notification of the treatment team, including the legally responsible person. For purposes of this Rule, treatment team means the same as the existing child and family team or other involved persons as set forth in Paragraph (c) of this Rule.</p> <p>(c) The facility shall meet with existing child and</p>	V 300		

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V 300	<p>Continued From page 9</p> <p>family teams or other involved persons including the parent(s) or legal guardian, area authority or county program representative(s) and other representatives involved in the care and treatment of the child or adolescent, including local Department of Social Services, Local Education Agency and criminal justice agency, to make service planning decisions prior to the transfer or discharge of the child or adolescent from the facility.</p> <p>(d) In case of an emergency, the facility shall notify the treatment team including the legally responsible person of the transfer or discharge of the child or adolescent as soon as the emergency situation is stabilized.</p> <p>(e) In case of an emergency, notification may be by telephone. A service planning meeting as set forth in Paragraph (c) of this Rule shall be held within five business days of an emergency transfer or discharge.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility did not do a proper discharge, and transferred an adolescent from the facility without the advanced written notification of the treatment team, including the legally responsible person, affecting 1 of 4 (client #4) current clients and 2 of 3 former clients (FC# 5 and FC #7). The findings are:</p> <p>Review on 1/5/26 of the initial census completed by staff #4 revealed: -The facility had 3 current clients. -Clients #1, #2, and #3 were listed on the census.</p>	V 300		

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V 300	<p>Continued From page 10</p> <p>Review on 1/8/26 of the census revised by the Licensee/Owner/Executive Administrator (EA)/Qualified Professional (QP)/Associate Professional (AP) revealed: -Client #4 was added to the census.</p> <p>Review on 1/13/26 client #4's record revealed: -Age 11 years. -Admitted on 1/24/24. -Diagnoses: Disruptive Mood Dysregulation Disorder (DMDD), Attention Deficit Hyperactivity Disorder (ADHD). -No documentation of advanced notification to transfer or discharge client #1 from Dorothy's House to Belmont House.</p> <p>Review on 1/7/26 of FC #5's record revealed: -Age 12 years. -Admitted 11/1/23. -Steps For Success Family Services, LLC Client Transfer Form signed by the Licensee/Owner/EA/QP/AP and dated 12/23/24. -Transferring from Belmont House; Transferring to Cynthia's Place; Effective date of transfer 12/23/24; Reason for transfer: "[FC #5] is being transferred from Belmont House to Cynthia's Place effective 12/23/24 to allow closer proximity to family support, specifically his foster parents. This transfer is intended to support continuity of care and strengthen family engagement....There are no changes to the consumer's medication regimen as a result of this transfer...Level of care remains unchanged; Treatment services and goals will continue without interruption; all clinical documentation and records will transfer with the consumer (FC #5)." -Discharged 10/5/25. -Discharging Program Cynthia's Place. -Steps For Success Family Services, LLC Successful Discharge Plan-Clinical Summary</p>	V 300		

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V 300	<p>Continued From page 11</p> <p>signed by the Licensee/Owner/EA/QP/AP and dated 10/5/25.</p> <p>-Diagnoses: DMDD; ADHD, combined; Post Traumatic Stress Disorder; Oppositional Defiant Disorder.</p> <p>-No documentation of advanced notification to transfer or discharge FC #5 from Dorothy's House to Belmont House.</p> <p>Review on 1/14/26 on FC #7's record revealed:</p> <p>-Age 10 years.</p> <p>-Admitted on 7/8/24.</p> <p>-Discharged 10/11/25.</p> <p>-Diagnosis: DMDD.</p> <p>-No documentation of advanced notification to transfer or discharge FC #7 from Dorothy's House to Cynthia's Place.</p> <p>Interview on 1/8/26 with client #3 revealed:</p> <p>-Client #4 was a current client at the facility, but was at a sister facility.</p> <p>-"[Client #4] ran away a couple of months ago; he's (client #4) still here (facility), but he's at Belmont (sister facility), staff called the police."</p> <p>Unable on 1/8/26 and 1/14/26 to interview client #4 as he was not present in the facility.</p> <p>Interview on 1/5/26 and 1/8/26 with staff #3 revealed:</p> <p>-Client #4 had "left and moved to the Belmont House (sister facility).</p> <p>-"[Client #4] was recently moved to the other house (sister facility) about 2 weeks ago (December 2025)."</p> <p>Interview with on 1/5/26 with staff #4 revealed:</p> <p>-Completed the initial census and reported client #4 had "left (the facility) and moved to the Belmont House (sister facility)."</p>	V 300		

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NAME OF PROVIDER OR SUPPLIER  <b>DOROTHY'S PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1961 BROWNSTONE COURT GASTONIA, NC 28054</b>
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V 300	<p>Continued From page 12</p> <p>-Had no explanation for client #4's move to the sister facility.</p> <p>-Client #7 had transferred to a sister facility "about 4 months ago (date unknown)."</p> <p>Interview on 1/13/26 with the House Manager revealed:</p> <p>-Client #4 was still a current client at the facility and was not sure why client #4 was not included in the intial census.</p> <p>-"He (client #4) was transferred to Belmont House on December 21, 2025, and returned to Dorothy's Place on January 13, 2026."</p> <p>-"[Client #4] was only supposed to be temporary (at sister facility) and he was placed back at Dorothy's place yesterday (1/12/26)and we (facility) will finish moving him today, so he will be back under the license (facility) where he belongs."</p> <p>-Explained that client #4's transfer to a sister facility, "initially it was to even out the staff and clients. He did so well and he wanted to stay, so we (facility) were going to leave him over there (Belmont House), but initially it was going to be for the holiday."</p> <p>-Dorothy's Place had 4 clients and Belmont House had 2 clients, "Because there were kids (clients) that had gone home and there was 2 staff for 2 kids and it didn't make sense to have 4 kids in one spot (facility)."</p> <p>-Client #4's transfer to a sister facility had evened out the census for both facilities "so each facility had 3 clients."</p> <p>-FC #5 had been transferred to a sister facility in November 2024.</p> <p>-FC #5 was manipulative, did not like the racial makeup of the staff.</p> <p>-"We (facility) moved him (FC #5) to [city] because we (staff) were 'apes, monkeys, n*****s' and the team in the mountains are all white so he</p>	V 300		

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V 300	<p>Continued From page 13</p> <p>was moved to be closer to his parents and they (parents) can see that his issues were his issues regardless of the color of the staff." -FC #7 had transferred to Cynthia's Place (sister facility) in October 2025.</p> <p>Interview on 1/7/26 with the Licensee/Owner/EA/QP/AP revealed: -Confirmed census completed by staff #4 on 1/5/26.</p> <p>Interview on 1/8/26 with the Licensee/Owner/EA/QP/AP revealed: -Client #4 is a current client in the facility. -Had no explanation for why client #4 was left off the initial census. -Was the person responsible for client discharge. -"[Client #4] went to Belmont (sister facility) for Christmas, but he can come back. He was receiving services at Belmont. I will do the discharge paperwork with his grandmother for him to stay in Belmont." -Client #4 "was supposed to be there (Belmont) temporarily until after Christmas, but he was doing good there." -FC #5 was transferred to a sister facility in November 2024 and "then he went home (discharged 10/5/25) from there (sister facility)" and that's when "the discharge paper was done." -FC #5 was transferred to the Belmont House be closer to family that lived near the sister facility. -FC #7 was "transferred to Cynthia's (sister facility) in [city] on 10/11/25, and there was no discharge paperwork." -Transfers to sister facilities were unrelated to client behavior. -Was not aware that discharge and readmission documentation was required when clients were moved from one sister to another. -"We (agency) transfer clients to the other</p>	V 300		

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V 300	Continued From page 14  locations (sister facilities); I just transfer the PCP (Person Centered Plan) to the sister QP (sister facility QP) and we (agency) continue services." -Was not aware discharge and transfer paperwork and advanced notification, including notification of the team and person(s) legally responsible was required when moving clients within the agency. -"I was thinking it's (services) all under the same umbrella (agency)."	V 300		
V 364	G.S. 122C- 62 Additional Rights in 24 Hour Facilities  § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times. (b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to: (1) Make and receive confidential telephone calls. All long distance calls shall be paid for by	V 364		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-296</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/14/2026</b>
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V 364	<p>Continued From page 15</p> <p>the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise</p>	V 364		

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V 364	<p>Continued From page 16</p> <p>prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client</p>	V 364		

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V 364	<p>Continued From page 17</p> <p>may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for the safekeeping of personal belongings;</p> <p>(9) Have access to and spend a reasonable sum of his own money; and</p> <p>(10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.</p> <p>(e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation</p>	V 364		

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V 364	<p>Continued From page 18</p> <p>plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure client rights to privacy in a 24 hour facility affecting 4 of 4 current clients. The findings are:</p> <p>Review on 1/7/26 of client #1's record revealed:</p>	V 364		

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V 364	<p>Continued From page 19</p> <p>-Age 9 years. -Admitted 10/22/25. -Diagnoses: Post Traumatic Stress Disorder, Reaction to Severe Stress, Unspecified; Intellectual Disability Disorder; Disruptive Mood Dysregulation Disorder (DMDD); Attention Deficit Hyperactivity Disorder (ADHD), Combined; Person with Feared Health Complaint in Whom No Diagnosis is Made; Enuresis No Due to a Substance or Known Physiological Condition.</p> <p>Review on 1/7/26 of client #2's record revealed: -Age 10 years. -Admitted 10/20/25. -Diagnoses: Adjustment Disorder, with Mixed of Conduct; Eczema; Bee Sting Allergy.</p> <p>Review on 1/7/26 of client #3's record revealed: -Age 11 years. -Admitted 11/7/23. -Diagnoses: Oppositional Defiant Disorder; Generalized Anxiety Disorder; Conduct Disorder; Major Depressive Disorder; Growth Hormone Deficiency.</p> <p>Review on 1/13/26 of client #4's record revealed: -Age 11 years. -Admitted on 1/24/24. -Diagnoses: DMDD; ADHD.</p> <p>Interview on 1/8/26 with client #1 revealed: -"I never get to make phone calls because my mom and dad are split up." -Wasn't aware if calls were monitored by staff on speaker.</p> <p>Interview on 1/8/26 with client #2 revealed: -Telephone calls are monitored by staff, "they'll (staff) put it (call) on speaker phone to let them (staff) hear what's going on."</p>	V 364		

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V 364	<p>Continued From page 20</p> <p>Interview on 1/8/26 with client #3 revealed: -"Staff monitors (telephone calls) sometimes, it depends on what you're (clients) talking about; the phone call is on speaker where staff can hear it."</p> <p>Unable on 1/8/26 and 1/14/26 to interview client #4 as he was not present in the facility.</p> <p>Interview on 1/8/26 with staff #3 revealed: -Client telephone calls were monitored, "after we (staff) answer and look to see they (caller) are an approved contact, we are right by the client as they are on speaker (phone) with the other individual (caller)."</p> <p>Interview on 1/14/26 with staff #4 revealed: -"Phone calls are monitored, we put them (clients) in the room by themselves with a staff and put the call on speaker phone."</p> <p>Interview on 1/8/26 with staff #5 revealed: -Staff monitored client phone calls, "the staff bring them (clients) in their room (client bedroom), staff are in earshot to ensure the conversations are appropriate and the call is on speaker."</p> <p>Interview on 1/8/26 with staff #6 revealed: -"Telephone calls are monitored, staff is present, the call is on speaker."</p> <p>Interview on 1/13/26 with the House Manager revealed: -Client phone calls were monitored, "but they (clients) have a right to privacy unless there is an order (court order)." -Was not aware that client phone calls were placed on speaker for staff to hear, "clients can take the phone and go to their room (bedroom)."</p>	V 364		

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V 364	Continued From page 21  Interview on 1/9/26 with the Qualified Professional (QP) revealed: -Client telephone calls were monitored and the calls were placed on speaker phone.  Interview on 1/14/25 with the Licensee/Owner/Executive Administrator/QP/Associate Professional revealed: -Was not aware that staff was placing client telephone calls on speaker.	V 364		
V 367	27G .0604 Incident Reporting Requirements  10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (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	V 367		

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V 367	<p>Continued From page 22</p> <p>cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(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:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(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).</p> <p>(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</p>	V 367		

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V 367	<p>Continued From page 23</p> <p>include summary information as follows:</p> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(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.</li> </ol> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to notify the Local Management Entity/Managed Care Organization (LME/MCO) of level II incidents as required. The findings are:</p> <p>Review on 1/7/26 of client #1's record revealed: -Age 9 years. -Admitted 10/22/25. -Diagnoses: Post Traumatic Stress Disorder, Reaction to Severe Stress, Unspecified; Intellectual Disability Disorder; Disruptive Mood Dysregulation Disorder; Attention Deficit Hyperactivity Disorder (ADHD), Combined; Person with Feared Health Complaint in Whom No Diagnosis is Made; Enuresis No Due to a</p>	V 367		

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V 367	<p>Continued From page 24</p> <p>Substance or Known Physiological Condition.</p> <p>Review on 1/5/26 of the facility's Incident Reports from 10/1/26 to 1/13/26 revealed:</p> <ul style="list-style-type: none"> <li>-11/5/25, 4:30pm-5:30pm; client #1 escort 1 person therapeutic hold.</li> <li>-11/30/25, 9am-11:30am, client #1 escort 2 person, therapeutic hold.</li> <li>-12/7/25, 9:30am, 20 minutes; client #1, therapeutic hold.</li> <li>-12/10/25, 5:30pm-6:45pm, client #1 escort 1 person.</li> <li>-Provided no documentation of 2 person escort with client #1 on 1/5/26.</li> <li>-Provided no documentation of restraint with client #1 in 1/6/26.</li> <li>-Provided no documentation of client #1's physical aggression.</li> </ul> <p>Reviews on 1/5/26 and 1/14/26 of the Incident Response Improvement System (IRIS) from 1/5/26 to 1/14/26 revealed:</p> <ul style="list-style-type: none"> <li>-No level II submissions by the facility.</li> </ul> <p>Interview on 1/8/26 with client #1 revealed:</p> <ul style="list-style-type: none"> <li>-Denied he had been restrained and had not seen others restrained.</li> </ul> <p>Interview on 1/8/26 with client #2 revealed:</p> <ul style="list-style-type: none"> <li>-He had not been restrained but had seen client #1 restrained "yesterday (1/7/26) and a week ago; he (client #1) gets restrained one or two times a week by different staff. He got restrained in the shower, in his room and in both of the living rooms (facility)."</li> </ul> <p>Interview on 1/8/26 with client #3 revealed:</p> <ul style="list-style-type: none"> <li>-"[Client #1] gets restrained usually 2 to 3 days a week. [Client #1] was restrained yesterday (1/7/26), day before (1/6/26) and the day (1/5/26)</li> </ul>	V 367		

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V 367	<p>Continued From page 25</p> <p>before that. He is usually restrained in the day treatment program."</p> <p>Interview on 1/8/26 with staff #3 revealed: -There had been no restraints at the facility in the past 6 months.</p> <p>Interview on 1/14/26 with staff #4 revealed: -Had restrained client #1, "the last time was last week...me and [staff #5] were working together; Tuesday of last week 1/6/26...it really wasn't a restraint, it's called a therapeutic hold." -Had completed an incident report and "I turned the report in to the supervisor." -"[House Manager (HM)] would be responsible for putting the report in IRIS, he's the supervisor."</p> <p>Interview on 1/5/26 with staff #5 revealed: -Client #1's behavior had been "non-compliant." -A 2 person escort "was last done on 1/5 (2026)" by she and staff #4. -Staff #4 had written the incident report.</p> <p>Interview on 1/8/26 with staff #6 revealed: -He had performed a therapeutic hold in October 2025 with client #1. -Thought the incident report was completed by "[staff #5] or maybe [HM]."</p> <p>Interviews on 1/5/26 and 1/7/26 with the HM revealed: -Escort was different than a restraint or therapeutic hold. -"Escort is when a client has to be assisted with being taken to their room. Yes, it does require hands-on (client)." -Was not sure if all incidents were reported in IRIS. -The Licensee/Owner/Executive Administrator(EA)/Qualified Professional</p>	V 367		

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V 367	<p>Continued From page 26</p> <p>(QP)/Associate Professional (AP) was responsible for IRIS submissions.</p> <p>-"We (facility) always contact the guardian, but going forward we just need to make sure we sign the point of contact (form) and make sure it is documented."</p> <p>-Was working with providers to get client #1 stable on medications to address behaviors.</p> <p>Interview on 1/9/26 with the QP revealed:</p> <p>-Client #1 "had to be escorted, that was last month (December 2025) or the month before (November 2025)."</p> <p>Interview on 1/8/26 with the Licensed Professional:</p> <p>-There had been no recent restraints with clients.</p> <p>-"It's been a few weeks (date unknown), I believe [client #1] had to be escorted...second shift, but I don't recall which staff."</p> <p>-Client #1 was "physically aggressive, throwing things and trying to attack staff."</p> <p>Interview on 1/7/26 with the Licensee/Owner/EA/QP/AP revealed:</p> <p>-"We (facility) didn't put the restraints and the escorts in IRIS."</p> <p>-He was the person responsible for submitting reports in IRIS.</p> <p>-Did not provide an explanation for why the reports were not submitted in IRIS.</p> <p>-"We don't have many restraints."</p>	V 367		
V 521	<p>27E .0104(e9) Client Rights - Sec. Rest. &amp; ITO</p> <p>10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL</p>	V 521		

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V 521	<p>Continued From page 27</p> <p>(e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions:</p> <p>(9) Whenever a restrictive intervention is utilized, documentation shall be made in the client record to include, at a minimum:</p> <p>(A) notation of the client's physical and psychological well-being;</p> <p>(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;</p> <p>(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;</p> <p>(D) a description of the intervention and the date, time and duration of its use;</p> <p>(E) a description of accompanying positive methods of intervention;</p> <p>(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;</p> <p>(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</p> <p>(H) signature and title of the facility employee who initiated, and of the employee who further authorized, the use of the intervention.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to ensure whenever a restrictive</p>	V 521		

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V 521	<p>Continued From page 28</p> <p>intervention was utilized, documentation was in the clients' records for 1 of 4 audited current client's (client #1) record. The findings are:</p> <p>Review on 1/7/26 of client #1's record revealed: -Age 9 years. -Admitted 10/22/25. -Diagnoses: Post Traumatic Stress Disorder, Reaction to Severe Stress, Unspecified; Intellectual Disability Disorder; Disruptive Mood Dysregulation Disorder; Attention Deficit Hyperactivity Disorder, Combined; Person with Feared Health Complaint in Whom No Diagnosis is Made; Enuresis No Due to a Substance or Known Physiological Condition. -No documentation of restraints in client #1's file.</p> <p>Review on 1/5/26 of the facility's Incident Reports from 10/1/25 to 1/13/26 revealed: -11/5/25, 4:30pm-5:30pm; client #1 escort 1 person therapeutic hold. -11/30/25, 9am-11:30am, client #1 escort 2 person, therapeutic hold. -12/7/25, 9:30am, 20 minutes; client #1, therapeutic hold. -12/10/25, 5:30pm-6:45pm, client #1 escort 1 person. -No documentation of 2 person escort with client #1 on 1/5/26. -No documentation of restraint with client #1 in 1/6/26. -No documentation of client #1's physical aggression. -No notation of the clients physical and psychological well being. -No 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. -The rationale for the use of the use of the</p>	V 521		

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V 521	<p>Continued From page 29</p> <p>intervention, the positive or less restrictive interventions considered and used and the inadequacy of less restrictive intervention techniques that were used.</p> <p>-No notion of the description of the restrictive intervention, or the date, time, and duration of its use.</p> <p>-No notion of a description of accompanying positive methods of intervention.</p> <p>-No notion of 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.</p> <p>-No description of the debriefing and planning with the clients and their legally responsible person for the planned use of seclusion, physical restraint or isolation time out if determined to be clinically necessary.</p> <p>-No documentation of the signature and title of the facility employee who initiated the use of the restrictive interventions.</p> <p>Interview on 1/7/26 with the Licensee/Owner/Executive Administrator/Qualified Professional/Associate Professional revealed: -"We don't have many restraints." -Did not know about the rule that required restrictive intervention to be documented in clients' records. -The facility would document restrictive intervention in clients' records going forward.</p>	V 521		
V 525	<p>27E .0104(e17) Client Rights - Sec. Rest. &amp; ITO</p> <p>10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION</p>	V 525		

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V 525	<p>Continued From page 30</p> <p><b>TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL</b></p> <p>(e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions:</p> <p>(17) The facility shall conduct reviews and reports on any and all use of restrictive interventions, including:</p> <p>(A) a regular review by a designee of the governing body, and review by the Client Rights Committee, in compliance with confidentiality rules as specified in 10A NCAC 28A;</p> <p>(B) an investigation of any unusual or possibly unwarranted patterns of utilization; and</p> <p>(C) documentation of the following shall be maintained on a log:</p> <p>(i) name of the client;</p> <p>(ii) name of the responsible professional;</p> <p>(iii) date of each intervention;</p> <p>(iv) time of each intervention;</p> <p>(v) type of intervention;</p> <p>(vi) duration of each intervention;</p> <p>(vii) reason for use of the intervention;</p> <p>(viii) positive and less restrictive alternatives that were used or that were considered but not used and why those alternatives were not used;</p> <p>(ix) debriefing and planning conducted with the client, legally responsible person, if applicable, and staff, as specified in Parts (e)(9)(F) and (G) of this Rule, to eliminate or reduce the probability of the future use of restrictive interventions; and</p> <p>(x) negative effects of the restrictive intervention, if any, on the physical and psychological well-being of the client.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to maintain a log of all restrictive interventions, conduct reviews and reports on any</p>	V 525		

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V 525	<p>Continued From page 31</p> <p>and all use of restrictive interventions including a regular review by a designee of the governing body and review by the Client Rights Committee. The findings are:</p> <p>Review on 1/5/26 of the facility's Incident Reports from 10/1/25 to 1/13/26 revealed:</p> <ul style="list-style-type: none"> <li>-11/5/25, 4:30pm-5:30pm; client #1 escort 1 person therapeutic hold.</li> <li>-11/30/25, 9am-11:30am, client #1 escort 2 person, therapeutic hold.</li> <li>-12/7/25, 9:30am, 20 minutes; client #1, therapeutic hold.</li> <li>-12/10/25, 5:30pm-6:45pm, client #1 escort 1 person.</li> <li>-No documentation of 2 person escort with client #1 on 1/5/26.</li> <li>-No documentation of restraint with client #1 in 1/6/26.</li> <li>-No documentation of client #1's physical aggression.</li> </ul> <p>Review on 1/7/26 of the facility's records revealed:</p> <ul style="list-style-type: none"> <li>-No log that documented all the facility's restrictive interventions.</li> </ul> <p>Interview on 1/7/26 with the Licensee/Owner/Executive Administrator/Qualified Professional/Associate Professional revealed:</p> <ul style="list-style-type: none"> <li>-"We (facility) don't have many restraints; no, we don't have a log of restraints."</li> <li>-Was not aware of the rule that required the facility to keep a log of all restrictive interventions with clients.</li> </ul>	V 525		