

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL006-018</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/04/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GRANDFATHER HOME FOR CHILDREN - HICKORY C</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>240 GRANDFATHER HOME FOR CHILDREN DR - BLDG #1 BANNER ELK, NC 28604</b>
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V 000	INITIAL COMMENTS  An annual survey was completed on September 4, 2018. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.	V 000		
V 110	27G .0204 Training/Supervision Paraprofessionals  10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.	V 110		

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

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V 110	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure staff demonstrated the knowledge, skills and abilities required by the population served for 2 of 4 paraprofessional (PP) staff (Staff #9 and Staff #10). The findings are:</p> <p>Review on 8/20/18 of facility Level 1 incident reports dated 7/3/18 regarding an incident which occurred 7/2/18 revealed:</p> <ul style="list-style-type: none"> <li>- Client #1 and Client #2 were reported by 3 other clients to have had oral sex during a recent transport (7/2/18) in the facility van;</li> <li>- A staff (#9) recalled that on a recent transport Client #1 and Client #2 sat in the backseat of the van;</li> <li>- The staff said she could not see the client's (Client #2) head and asked the other clients;</li> <li>- The other clients stated Client #2 was asleep;</li> <li>- She had not thought anything else about it until the clients' peers reported to her after the transport.</li> <li>- When Client #1 was asked about the incident, he had reported the incident had not happened;</li> <li>- Client #2 confirmed she had oral sex with Client #1 while in the van on transport.</li> </ul> <p>Review on 8/21/18 of Staff #9's employee file revealed:</p> <ul style="list-style-type: none"> <li>- Hire Date: 3/16/18</li> </ul> <p>Review on 8/21/18 of a Staff Supervision Plan for Staff #9 revealed:</p> <ul style="list-style-type: none"> <li>- Technical Knowledge: "...6/19/18 shows need for improvement on knowledge of preventative</li> </ul>	V 110		

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V 110	<p>Continued From page 2</p> <p>safety measures ...reviewed that one staff must be in the back of the van with clients at all times;"</p> <p>- Analytical/Decision making Skills: " ...6/19/18 - ...reports hearing from a peer that two peers ...engaged in sexual behaviors in a van ...stated that both staff members were in the front of the van ...states that staff split up the males and females in the van but one of the clients moved and no action was taken."</p> <p>Interview on 8/21/18 with Staff #9 revealed:</p> <ul style="list-style-type: none"> <li>- She and Staff #10 were returning the clients to the facility after an outing;</li> <li>- Both of the staff were seated in the front of the van;</li> <li>- Staff #9 had turned around to check on the clients;</li> <li>- She noticed Client #1 was seated in the 3rd seat back and Client #2 was not visible;</li> <li>- When she asked about Client #2, the other 3 clients replied Client #2 was asleep in the back seat;</li> <li>- Staff #9 stated she had not thought anything else about it until the other clients reported to her after returning to the facility;</li> <li>- The clients had reported Client #1 and Client #2 had oral sex in the back of the van on the way back from an outing.</li> </ul> <p>Review on 8/21/18 of Staff #10's employee file revealed:</p> <ul style="list-style-type: none"> <li>- Hire Date: 10/2/18</li> </ul> <p>Interview on 8/21/18 with Staff #10 revealed:</p> <ul style="list-style-type: none"> <li>- When clients were transported, there always had to be 2 staff;</li> <li>- One of the staff was required to sit in the middle of the van in order to monitor the clients;</li> <li>- He stated, "This is a sexualized treatment facility;"</li> </ul>	V 110		

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V 110	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>- They were supposed to have eyes on the clients at all times.</li> </ul> <p>Interview on 8/21/18 with the Clinical Director revealed:</p> <ul style="list-style-type: none"> <li>- Male and female clients could behave appropriately;</li> <li>- Staff could monitor the clients at all times;</li> <li>- All of the staff had been trained to have a staff sit in the back of the van during transport.</li> <li>- He was unsure of the appropriateness of Level II placement for some of the clients in the facility.</li> </ul> <p>This deficiency is cross referenced into 10A NCAC 27G .1301 SCOPE (V179) for a Type A1 and must be corrected within 23 days.</p>	V 110		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> <li>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</li> <li>(2) strategies;</li> <li>(3) staff responsible;</li> <li>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</li> <li>(5) basis for evaluation or assessment of</li> </ol>	V 112		

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V 112	<p>Continued From page 4</p> <p>outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to utilize treatment plan goals and strategies to meet each client's individual needs affecting 3 of 5 current clients (Client #1, #2, and #3). The findings are:</p> <p>Review on 9/4/18 of Client #1's record revealed: - Admission: 4/16/18 - Diagnoses: Enuresis - Nocturnal and Diurnal; Child Neglect Confirmed; Other Specified Trauma - Age: 15</p> <p>Review on 8/20/18 of Client #1's Treatment Plan goals and strategies dated 9/19/17 revealed: - Revised for Level II services on 3/22/18: Increase ability to engage in healthy relationships and interpersonal effectiveness skills with peers and adults and do this by engaging in interactions that are developmentally appropriate without sexualized behavior, and respecting roles and personal boundaries within the relationship - Client strategies: - Practice and implement learned skills to address and improve emotional well-being - Process feelings, thoughts related to self, peers and staff with on-duty staff or other adult authority figures</p>	V 112		

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V 112	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>- Actively participate in weekly therapy to identify skills that will assist in emotional regulation</li> <li>- Comply with any medication management recommended by the treatment team and prescribed by attending physician</li> <li>- Level II Staff: <ul style="list-style-type: none"> <li>- Monitor client at all times and act as appropriate role models for consumer</li> <li>- Monitor client with trauma symptoms and help teach him appropriate coping skills</li> <li>- Help client identify different emotions and ways to express them appropriately by modeling the behaviors and expressions</li> <li>- Prompt client to engage in positive activities</li> </ul> </li> </ul> <p>Interview with Client #1 on 8/21/18 revealed:</p> <ul style="list-style-type: none"> <li>- His goals were to focus on emotional regulation and healthy relationships;</li> <li>- After the treatment team meeting the other day, he would be moving to a Level III facility;</li> <li>- He was going to have sexualized treatment;</li> <li>- Client #1 had sex with both of the females in the facility at different times (verified by incident reports and service notes);</li> <li>- The consequence was the loss of privileges for a week.</li> </ul> <p>Review on 8/21/18 of Client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission: 7/11/17</li> <li>- Diagnoses: Attention Deficit Hyperactive Disorder (ADHD); Unspecified Trauma/Stressor Related Disorder; Child Physical and Sexual Abuse - Confirmed</li> <li>- Age: 15</li> <li>- 7/12/18: Sexually Transmitted Disease (STD) testing - urine drug screen; RPR (rapid plasma regain - syphilis test); Chlamydia; Gonorrhea</li> </ul> <p>Review on 8/20/18 of Client #2's Treatment Plan goals and strategies dated 9/19/17 revealed:</p>	V 112		

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V 112	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>- Revised for Level II services on 4/20/18: Increase ability to engage in healthy relationships with peers and adults, as evidence by: interactions that are developmentally appropriate, verbalizing knowledge of healthy relationships, and show respect of roles and personal boundaries within the relationship.</li> <li>- Client Strategies:               <ul style="list-style-type: none"> <li>- Practice and implement skills to address and improve social skills</li> <li>- Process feelings, thoughts related to self, peers and staff</li> <li>- Actively participate in weekly therapy to identify skills to assist in healthy relationship development</li> <li>- Comply with medication management</li> </ul> </li> <li>- Level II Staff:               <ul style="list-style-type: none"> <li>- Monitor for appropriate boundaries and role modeling</li> <li>- Praise for healthy boundaries and healthy relationships</li> <li>- Provide hurtle help when struggling with boundaries</li> <li>- Prompt to call group when she is struggling</li> <li>- Prompt to discuss past abuse and how affected</li> <li>- Model appropriate boundaries</li> <li>- Remind of socially acceptable tone and voice</li> <li>- Praise when she shows healthy boundaries</li> <li>- Develop age appropriate coping skills and tools</li> </ul> </li> </ul> <p>Interview on 8/21/18 with Client #2 revealed:</p> <ul style="list-style-type: none"> <li>- She had consensual sex in the cottage with Client #1;</li> <li>- He came into her room during the night (verified by incident reports and service notes);</li> <li>- Client #1, Client #2 and Former Client (FC)#6 had planned the meeting for consensual sex;</li> <li>- Since she had problems with her peers, Client #2 found out today she was being transferred to a</li> </ul>	V 112		
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V 112	<p>Continued From page 7</p> <p>Level II sister facility in another town; - She was on birth control, but had unprotected sex with Client #1; - Client #2 had not been tested for sexually transmitted diseases (STDs). - The facility had explained she was supposed to wait about a month after she had sex to test for STDs.</p> <p>Review on 9/4/18 of Client #3's record revealed: - Admission: 3/7/18 - Diagnoses: Reactive Attachment Disorder (RAD); ADHD; Intermittent Explosive Disorder (IED) - Age: 13</p> <p>Review on 8/20/18 of Client #3's Treatment Plan goals and strategies dated 9/23/17 revealed: - Revised for a lateral transfer from a sister Level II service to the Grandfather Home for Children - Hickory Cottage Level II service on 6/11/18 due to ongoing inability to remain safe; absconding multiple times; being sexually assaulted while absconded; physical aggression; property destruction; refusal to attend school; refusal to follow residential staff directives; need for a higher level of care (addition of Day Treatment) - Goals (same as previous Level II placement): Develop healthy boundaries; decrease manipulative behaviors; remain safe in placement; follow rules and expectations - Client Strategies: - Learn and practice self-monitoring skills, coping skills, positive self-statements - Identify and implement anger management skills, relaxation techniques - Develop and implement feelings journal - Identify and use a calming space when overwhelmed or frustrated - Remain in home throughout the night, avoid</p>	V 112		



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V 112	<p>Continued From page 8</p> <p>AWOL behaviors, and maintain safety awareness and procedures</p> <ul style="list-style-type: none"> <li>- Maintain appropriate peer and staff interactions, comply with appropriate boundaries, and not engage in verbal, physical and property destruction</li> <li>- Level II Staff:               <ul style="list-style-type: none"> <li>- Acknowledge and support client's expression of emotion</li> <li>- Ask questions for opportunities to express self</li> <li>- Assist in discussing difficult emotions</li> <li>- Provide feedback regarding self-regulation</li> <li>- Provide consequence when displays harmful aggressive and unhealthy communication</li> <li>- Teach and practice coping skills</li> <li>- Aid in developing plans to use in the future when escalated</li> </ul> </li> </ul> <p>Interview on 8/21/18 with Staff #10 revealed:</p> <ul style="list-style-type: none"> <li>- Client #3 had been working on goals to address her cursing and boundary issues;</li> <li>- Client #3 liked the attention of boys;</li> <li>- She had compliance and anger issues;</li> <li>- Staff was supposed to "have eyes on (Client #3) at all times."</li> </ul> <p>Interview on 8/21/18 with the Unit Supervisor revealed:</p> <ul style="list-style-type: none"> <li>- Client #1's treatment needs included a focus on sexualized behaviors;</li> <li>- He had been receiving socialization based treatment;</li> <li>- The team had discussed moving Client #1 to a higher level of care;</li> <li>- The client was on probation for simple assault or sexual harassment;</li> <li>- Client #2 had been in Level II treatment for a long time and had been more pessimistic recently;</li> <li>- Client #3 had been sneaking out and having sex</li> </ul>	V 112		

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V 112	Continued From page 9  with her peers; - She was placed with the PRTF (Psychiatric Residential Treatment Facility), but her therapist and case worker wanted her in Level II treatment.  This deficiency is cross referenced into 10A NCAC 27G .1301 SCOPE (V179) for a Type A1 and must be corrected within 23 days.	V 112		
V 118	27G .0209 (C) Medication Requirements  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; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or	V 118		

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V 118	<p>Continued From page 10</p> <p>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 review and interviews, the facility failed to administer medications based on the written orders of a person authorized to prescribe medications and failed to keep the MARs complete and current affecting 3 of 5 clients (Client #1, Client #2 and Client #3). The findings are:</p> <p>Review on 9/4/18 of Client #1's record revealed: - Admission: 4/16/18 - Diagnoses: Enuresis - Nocturnal and Diurnal; Child Neglect Confirmed; Other Specified Trauma - Age: 15 - Medication Orders: - 7/24/18: Vyvanse (Attention Deficit Hyperactive Disorder treatment (ADHD)) 30mg QAM (every morning) school days (Monday-Friday) - 5/24/18: Vyvanse 40mg QAM (every morning)</p> <p>Review on 8/4/18 of Client #1's MARs for June, July and August revealed: - June: Blank 24 days - July: Blank 22 days; Initialed as administered 7/24/18 through 7/27/18 - August: Blank approximately 5 school days (multiple illegible marks on MAR)</p> <p>Review on 8/21/18 of Client #2's record revealed: - Admission: 7/11/17 - Diagnoses: Unspecified Trauma/Stressor Related Disorder; Child Physical and Sexual</p>	V 118		

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V 118	<p>Continued From page 11</p> <p>Abuse - Confirmed - Age: 15 - Medication Orders: - 7/24/18: Adderall XR (ADHD Treatment) 10mg QAM; Vitamin D3 1000IUs QAM; bupropion xl (antidepressant) 150mg QAM; Omega 3 Fish Oil 1000mg BID (twice daily); docusate sodium (stool softener) 100mg BID; triamcinolone 0.1% (anti-fungal) ointment to affected areas TID (3 times daily); quetiapine (anti-psychotic)100mg QHS (each bedtime); amitriptyline (anti-depressant) 50mg QD;</p> <p>Review on 8/4/18 of Client #2's MARs for August revealed: - August: - Adderall XR: Blank 10 times - Vitamin D3 1000 IUs &amp; bupropion xl 150mg: Blank 11 times - docusate sodium 100mg BID: AM dose - Blank 11 times; PM dose - 16 times - triamcinolone 0.1% ointment to affected areas TID: Blank AM dose - 28 times; Noon dose - 31 times; PM dose - 26 times - quetiapine 100mg: Blank 13 times - amitriptyline 50mg: Blank 13 times</p> <p>Review on 9/4/18 of Client #3's record revealed: - Admission: 7/11/18 (per nursing staff) - Diagnoses: Reactive Attachment Disorder (RAD); ADHD; Intermittent Explosive Disorder (IED) - Age: 13 - Medication Orders: - 7/24/18: methylphenidate er (ADHD treatment) 20mg QAM; methylphenidate 10mg Q4PM; guanfacine er (ADHD treatment) 3mg QAM; guanfacine 1mg Q4PM; Lamictal 200mg QHS (anti-convulsant); mirtazapine (anti-depressant) 15mg QHS</p>	V 118		

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NAME OF PROVIDER OR SUPPLIER  <b>GRANDFATHER HOME FOR CHILDREN - HICKORY C</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>240 GRANDFATHER HOME FOR CHILDREN DR - BLDG #1 BANNER ELK, NC 28604</b>
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V 118	<p>Continued From page 12</p> <p>Review on 8/4/18 of Client #1's MARs for July and August revealed:</p> <ul style="list-style-type: none"> <li>- July:               <ul style="list-style-type: none"> <li>- methylphenidate er 20mg and guanfacine er 3mg: Blank 2 times</li> <li>- guanfacine 3mg QAM: Blank 3 times</li> <li>- guanfacine 1mg Q4PM and methylphenidate 10mg Q4PM: Blank 5times</li> <li>- Lamictal 200mg and mirtazapine 15mg: Blank 4 times</li> </ul> </li> <li>- August:               <ul style="list-style-type: none"> <li>- methylphenidate er 20mg QAM: Blank 12 times</li> <li>- methylphenidate er 10mg Q4PM: Blank 14 times</li> <li>- guanfacine er 3mg QAM: Blank 12 times</li> <li>- guanfacine er 1mg Q4PM: Blank 13 times</li> <li>- Lamictal 200mg: Blank 12 times</li> <li>- mirtazapine 15mg: Blank 12 times</li> </ul> </li> </ul> <p>Interview on 8/21/18 with Staff #10 revealed:</p> <ul style="list-style-type: none"> <li>- Clients had always received their medications;</li> <li>- Staff were supposed to initial the MARs after administration of the medications;</li> <li>- One time there had been a medication error where one staff had not checked an MAR first and had given the medication a second time;</li> <li>- When clients refused medications, staff were supposed to notify the RN;</li> <li>- The MAR was supposed to be initialed and the initials circled with a note regarding the refusal on the back.</li> </ul> <p>Interview on 8/21/18 with the Chief Operations Officer (COO) revealed:</p> <ul style="list-style-type: none"> <li>- The Licensee had been working on obtaining a new electronic medication administration system;</li> <li>- The new system would soon be implemented and the medications would only be obtained when</li> </ul>	V 118		

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V 118	Continued From page 13  the MAR was accessed electronically.	V 118		
V 179	27G .1301 Residential Tx - Scope  10A NCAC 27G .1301 SCOPE (a) The rules of this Section apply only to a residential treatment facility that provides residential treatment, level II, program type service. (b) A residential treatment facility providing residential treatment, level III service, shall be licensed as set forth in 10A NCAC 27G .1700. (c) A residential treatment facility for children and adolescents is a free-standing residential facility which provides a structured living environment within a system of care approach for children or adolescents who have a primary diagnosis of mental illness or emotional disturbance and who may also have other disabilities. (d) Services shall be designed to address the functioning level of the child or adolescent and include training in self-control, communication skills, social skills, and recreational skills. Children or adolescents may receive services in a day treatment facility, have a job placement, or attend school. (e) Services shall be designed to support the child or adolescent in gaining the skills necessary to return to the natural, or therapeutic home setting. (f) The residential treatment facility shall coordinate with other individuals and agencies within the client's system of care.	V 179		

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V 179	<p>Continued From page 14</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to provide services for clients who have a primary diagnosis of mental illness or emotional disturbance in a co-ed living environment which addressed each client's functional deficits and behaviors affecting 4 of 5 current clients (Client #1, #2, #3, and #4) and 1 of 2 former clients (FC#6). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation Or Service Plan (d) (2) (V112) Based on record review and interview, the facility failed to utilize treatment plan goals and strategies to meet each client's individual needs affecting 3 of 5 current clients (Client #1, #2, and #3).</p> <p>Cross Reference: 10A NCAC 27G .0204 (c) 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110) Based on record review and interviews, the facility failed to ensure staff demonstrated the knowledge, skills and abilities required by the population served for 2 of 4 paraprofessional (PP) staff (Staff #9 and Staff #10).</p> <p>Review on 9/4/18 of Client #1's record revealed: - Admission: 4/16/18 - Diagnoses: Enuresis - Nocturnal and Diurnal; Child Neglect Confirmed; Other Specified Trauma - Age: 15</p> <p>Interview on 8/21/18 with Client #1 revealed: - He was going to be sent up to Level III treatment; - Client #1 had sex with both of the females at different times;</p>	V 179		

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V 179	<p>Continued From page 15</p> <ul style="list-style-type: none"> <li>- The client and his peers had all privileges taken for a week and a half;</li> <li>- There was one main door which led to all of the clients' rooms;</li> <li>- The clients had gone out their windows;</li> <li>- Two weeks ago the facility had alarms placed on the windows;</li> <li>- The reason he was being moved to Level III care in order to receive sexualized treatment.</li> </ul> <p>Review on 8/21/18 of Client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission: 7/11/17</li> <li>- Diagnoses: Attention Deficit Hyperactive Disorder (ADHD); Unspecified Trauma/Stressor Related Disorder; Child Physical and Sexual Abuse - Confirmed</li> <li>- Age: 15</li> </ul> <p>Interview on 8/21/18 with Client #2 revealed:</p> <ul style="list-style-type: none"> <li>- Staff had done what they were supposed to do (responded to client behaviors) and her peers had not done what they were supposed to do;</li> <li>- She had consensual sex in the cottage with Client #1;</li> <li>- Client #1, Client #2 and FC#6 had planned the meeting for consensual sex;</li> <li>- She was going to be transferred to an all-girls facility.</li> </ul> <p>Review on 9/4/18 of Client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission: 3/7/18</li> <li>- Diagnoses: Reactive Attachment Disorder (RAD); ADHD; Intermittent Explosive Disorder (IED)</li> <li>- Age: 13</li> </ul> <p>Client #3 refused to be interviewed.</p> <p>Review on 9/4/18 of Client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission: 7/12/17</li> </ul>	V 179		



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V 179	<p>Continued From page 16</p> <ul style="list-style-type: none"> <li>- Diagnoses: Oppositional Defiant Disorder (ODD); PTSD; RAD; ADHD</li> <li>- Age: 14</li> </ul> <p>Review on 9/4/18 of FC#6 record revealed:</p> <ul style="list-style-type: none"> <li>- Admission: 5/7/18</li> <li>- Diagnoses: Major Depressive Disorder, recurrent severe without psychotic features; PTSD</li> <li>- Age: 17</li> </ul> <p>Review on 9/4/18 of a facility "Security Log" dated 7/21/18 completed by a Security officer who monitored cameras in the facility during sleep hours revealed:</p> <ul style="list-style-type: none"> <li>- Clients were out of their rooms 9 times after lights out from 21:13 (9:13PM) through 22:42 (10:42PM);</li> <li>- Security had placed a call to the facility to awaken the staff 10 times during the same time period in order for the staff to check on the clients.</li> </ul> <p>Review on 8/20/18 of facility Level 1 incident reports dated 7/22/18 revealed:</p> <ul style="list-style-type: none"> <li>- Client #3 had gone to Client #1's window and began knocking on his window;</li> <li>- Client #1 had gone to the staff's office door and reported Client #3 came to his room multiple times at night;</li> <li>- Staff had checked all of the client rooms and outside the facility, but no clients were out of bed</li> <li>- Staff had moved Client #3's bedroom to address Client #1's concerns.</li> </ul> <p>Review on 8/20/18 of facility Level 1 incident reports revealed:</p> <ul style="list-style-type: none"> <li>- 8/2/18</li> <li>- Client #1: "...peer reported that (Client #1) snuck out of his room to have sex with another</li> </ul>	V 179		

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V 179	<p>Continued From page 17</p> <p>female peer ... (Client #1) claims that he did leave the cottage but did not engage with that peer ..."</p> <p>- Client #4: " ...peer reported that she (client unknown) and (Client #4) had sex that night ... (Client #4) claims they only talked and he did not enter her room ...did admit to sneaking out of his room"</p> <p>- FC #6: "peer came to staff and said (FC#6) snuck a male peer into her room to have sex ... (FC #6) claims she had nothing to do with it and that she was asleep the entire time ..."</p> <p>- Client #2: "peer came to staff and claimed (Client #2) allowed a male peer to come into her room at night and have sex ...(Client #2) denying anything happened and that she was asleep the entire night ..."</p> <p>- 8/9/18</p> <p>- Client #1: " ...came to staff and said that he had snuck out a few weeks ago and had sex with another peer (unnamed)"</p> <p>Review on 9/4/18 of a facility intranet message dated 7/21/18 at 11:27PM from direct care staff to the facility administrators revealed:</p> <ul style="list-style-type: none"> <li>- Client #3 had been flirtatious with other peers;</li> <li>- Client #1 reported to staff that Client #3 came to his window multiple times after everyone had gone to bed;</li> <li>- Around 10:30PM, Client #1 came to Client #3's window and knocked on the window;</li> <li>- FC#6 reported she saw Client #3's shadow by the window;</li> <li>- Staff had gone outside to walk around the facility;</li> <li>- Staff noticed the screen on the window (Client #1's) closest to the fire escape was not there;</li> <li>- Staff had responded to all calls from security;</li> <li>- The 2 direct care staff continued to be permitted to sleep at night.</li> </ul>	V 179		

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V 179	<p>Continued From page 18</p> <p>Review on 9/4/18 of "Safety Plans" dated and signed 8/4/18 for Client #1, Client #2, Client #4 and FC#6 revealed:</p> <ul style="list-style-type: none"> <li>- Bedroom Arrangements: <ul style="list-style-type: none"> <li>- agreed to not enter his peers' bedrooms without staff supervision; to sleep in own bed and not share bed with others; to meet other youth only in public areas with staff supervision; completely dress before leaving your bedroom;</li> </ul> </li> <li>- Bathroom Arrangements: <ul style="list-style-type: none"> <li>- agreed to occupy the bathroom alone; not stand near the bathroom door; completely dress before leaving the bathroom</li> </ul> </li> <li>- Inappropriate Touch/Interaction/Behaviors: <ul style="list-style-type: none"> <li>- agreed to have limited physical contact with peers and staff; not grab or touch private parts of others; not make inappropriate sexual comments or gestures</li> </ul> </li> <li>- Supervision: <ul style="list-style-type: none"> <li>- remain supervised at all times; should be primarily eyes on supervision but video camera supervision can be utilized; should not sit with peer's has had sexual contact with on transport</li> </ul> </li> <li>- Treatment: <ul style="list-style-type: none"> <li>- agreed not to place self in risky situations or behaviors; inform staff if asked to perform sexual behaviors</li> </ul> </li> </ul> <p>Review on 9/4/18 of a 1:1 staff schedule for Client #3 dated August 4 through August 22, 2018 revealed:</p> <ul style="list-style-type: none"> <li>- There had not been a 1:1 staff available to monitor Client #3 for 6 of those 19 days;</li> <li>- The 1:1 staff monitoring had not been conducted prior to August.</li> </ul> <p>Interview on 8/21/18 with Staff #9 revealed:</p> <ul style="list-style-type: none"> <li>- Back in July, Client #3 had climbed out of her window and gone to Client #1's window;</li> <li>- She had knocked on Client #1's window to try</li> </ul>	V 179		

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V 179	<p>Continued From page 19</p> <p>and get him to let her in;</p> <ul style="list-style-type: none"> <li>- Client #1 came and reported to Staff #9 and Staff #10;</li> <li>- Staff responded immediately and moved Client #3 to a different room;</li> <li>- A supervisor had searched around the facility, but no one was found and the clients were all in their rooms;</li> <li>- Security had been notified because they had not called the facility.</li> </ul> <p>Interview on 8/21/18 with the Staff #10 revealed:</p> <ul style="list-style-type: none"> <li>- Around 8/1/18 or 8/2/18, Client #1 and Client #3 had sex;</li> <li>- Client #3 had climbed out of the window and went around to the fire escape;</li> <li>- Client #3 had done this late at night because there was no overnight awake staff;</li> <li>- There was a person who monitored the cameras in the facility;</li> <li>- Staff had not found out about the incident until afterwards;</li> <li>- Now, the facility had an overnight awake staff.</li> </ul> <p>Interview on 8/21/18 with the Unit Supervisor revealed:</p> <ul style="list-style-type: none"> <li>- The facility was a co-ed level II facility which permitted the 2 staff to sleep overnight;</li> <li>- All staff worked who worked at the facility had 24 hour shifts for 3-4 days in a row;</li> <li>- Client #1 was on probation for simple assault or sexual harassment;</li> <li>- During Client #1's treatment team meeting last week, the team decided he needed more treatment for his sexualized behaviors;</li> <li>- The team discussed moving Client #1 up to a higher level of care;</li> <li>- After Client #2 had been moved to Level II, the new placement had provided her too much freedom;</li> </ul>	V 179		

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V 179	<p>Continued From page 20</p> <ul style="list-style-type: none"> <li>- Client #2 had sexualized behaviors;</li> <li>- Client #3 had been admitted from another Level II but she was sneaking out and having sex with her peers;</li> <li>- In July, Client #1 and Client #4 snuck out of their rooms to have sex with two of the female clients;</li> <li>- Client #1 had gone into Client #3's room;</li> <li>- Client #4 had gone into FC#6's rooms;</li> <li>- She was unsure if alarms had been placed on the windows;</li> <li>- The facility was in transition to an all-boys cottage rather than co-ed.</li> </ul> <p>Review on 8/24/18 of the "Grandfather Home for Children-Hickory Cottage" Plan of Protection dated 8/23/18 and written by the Senior Director of Compliance revealed: What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? "V110-Competency of Paraprofessional Based on our internal review, the following efforts have been put into place effective 8/23/18: " All transports will now have a staff placed in the back of the van to ensure eyes on all clients at all times during transports. " During all transports, clients will have assigned seating based on gender and treatment needs. " Program Manager will review transport policy and protocol with all staff. Staff will sign off indicating that they have read, understand expectations and will comply with the policy and protocol mentioned above. V112-Assessment and Treatment Plan Goals and Strategies " Effective 8/4/18, overnight awake staff were added to the cottage to increase supervision of clients until professional alarms were installed on 8/23/18:</p>	V 179		

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V 179	<p>Continued From page 21</p> <p>Based on our internal review, the following efforts have been put into place effective 8/23/18:</p> <p>" CHA (Children's Hope Alliance) has identified clients who are in need of a higher level of care and referrals are in process.</p> <p>" Professional alarms have been installed on all doors and windows in Hickory Cottage, temporary alarms had been installed prior to 8/23/18 on 6/15/18.</p> <p>" Safety Plans for the consumers involved will be re-reviewed and adjusted as needed and reviewed with all cottage staff."</p> <p>Describe your plans to make sure the above happens.</p> <p>"V110-Competency of Paraprofessional Effective 8/23/18, the following measures will be taken:</p> <p>" Alarms will be added as an item to be checked on the cottage daily checklist to ensure all alarms are working appropriately and maintenance ticket and call will be completed immediately if alarms are not working properly.</p> <p>" Security Night watch will be informed when there are clients with certain behaviors that need to be on a safety watch.</p> <p>" Overnight awake staff will be added when clients are exhibiting behaviors that required increased supervision.</p> <p>Any safety plan will be communicated with staff on shift, signed and then reviewed in-person with next shift. Any time Overnight Awake staff are utilized, bed checks will be documented and kept in the home by staff conducting checks.</p> <p>Hickory cottage is targeted to be all male in September." Signed by Senior Director of Compliance 8/23/18</p> <p>The Grandfather Home for Children - Hickory Cottage a Level II facility had provided a coed</p>	V 179		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL006-018</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/04/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GRANDFATHER HOME FOR CHILDREN - HICKORY C</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>240 GRANDFATHER HOME FOR CHILDREN DR - BLDG #1 BANNER ELK, NC 28604</b>
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V 179	Continued From page 22  treatment program for clients with histories of sexualized behaviors and diagnoses of Trauma; Child Neglect; Confirmed Child Physical and Sexual Abuse; Oppositional Defiant Disorder (ODD); Post Traumatic Stress Disorder (PTSD); and Major Depressive Disorder. Two direct care staff had both sat in the front of a facility van and transported clients during an outing while 2 clients had oral sex in the farthest back seat. The facility protocol was for 1 staff to sit in the back and 1 staff in the front during transports. Two direct care staff were permitted to sleep overnight with a security officer monitoring clients and notifying staff if clients left their rooms. The facility failed to have awake staff to address the continuing night time behaviors of clients. There were either no alarms or the alarms worked inconsistently on the windows in the clients' rooms. The client bedroom doorways had no alarms. Over a period of approximately 2 months (6/12/18 - 8/12/18) and during sleep hours, 5 of 7 clients had left the facility without consent, climbed out of windows at night, entered other client's bedrooms and had unprotected sex. The Licensee thought no waiver was required for security to monitor clients during sleep hours in their Level II facility as licensure rule allowed the 2 staff to sleep overnight. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$1500.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 179		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL006-018</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/04/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GRANDFATHER HOME FOR CHILDREN - HICKORY C</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>240 GRANDFATHER HOME FOR CHILDREN DR - BLDG #1 BANNER ELK, NC 28604</b>
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V 736	<p>Continued From page 23</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a safe, clean, attractive, orderly manner and free from offensive odor. The findings are:</p> <p>Observations of the facility on 8/22/18 from 1:57PM through 3:00PM revealed:</p> <ul style="list-style-type: none"> <li>- Former Client (FC) #7's bedroom had paper trash in the floor; the carpet was unclean; bed linens were in the floor; the toilet paper holder in the bathroom was missing</li> <li>- Client #4's bedroom was cluttered with clothes on the floor; dresser drawers were open; paper trash was on the floors and on shelves; no sheets were on the beds; sink was slow to drain; blinds were broken; the sink had a small plastic bag with trash on the counter; empty toilet paper roles were lying on the floor; unclean towels were on the floor</li> <li>- Client #1's bedroom had dirty linens and clothes on the floor and the closet; 2 holes were in the wall (1st 8-10 inch diameter &amp; 2nd 3-4 1/2 in. diameter); paper trash/clutter on the sink</li> <li>- Client #2's bedroom had dirty clothes, linens and paper trash strewn throughout the room; plastic hygiene bottles both empty and full were lying cluttered on the sink counter; tub was unclean with green substance around the drain and brownish/black stains at the top of the tub</li> <li>- Client #3's bedroom had toilet paper all over the floor; large plate size hole was in the wall</li> <li>- Carpet in the main living area unclean and worn</li> </ul>	V 736		



Division of Health Service Regulation

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V 736	<p>Continued From page 24</p> <p>Interview on 8/22/18 with Staff #10 revealed:</p> <ul style="list-style-type: none"> <li>- The clients completed cleaning chores after school;</li> <li>- He acknowledged the clients' rooms were disorganized.</li> </ul> <p>Interview on 9/4/18 with the Residential Clinical Director (RCD) revealed:</p> <ul style="list-style-type: none"> <li>- He acknowledged the physical plant requirements for the facility had not been met.</li> </ul>	V 736		