

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-170	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/10/2018
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NAME OF PROVIDER OR SUPPLIER CHAPARRAL YOUTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 5973 MCLEOD DRIVE MAXTON, NC 28364
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and follow up survey was completed May 10, 2018. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure For Children or Adolescents.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of 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.	V 112		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement strategies based on assessment for 1 of 3 audited clients (#4). The findings are:</p> <p>Review on 05/10/18 of client #4's record revealed:</p> <ul style="list-style-type: none"> - 14 year old male. - Admission date of 01/05/18. - Diagnoses of Oppositional Defiant Disorder, Adjustment Disorder/Disturbance of Conduct, Posttraumatic Stress Disorder (PTSD), Cannabis Abuse Disorder and Attention Deficit Hyperactivity Disorder (ADHD). - Person Centered Plan (PCP) dated 12/15/17 revealed no development or implementation of strategies to address substance abuse disorder. <p>During interview on 05/10/18 client #4 stated:</p> <ul style="list-style-type: none"> - He had not been seen by a substance abuse counselor for his treatment needs. <p>During interview on 05/10/18 the Group Home Manager/Associate Professional (AP) stated:</p> <ul style="list-style-type: none"> - Client #4 did not have strategies and goals for substance abuse treatment; however, the facility would have the treatment team review the PCP to revise and include the goals/strategies for his treatment needs. - She would coordinate substance abuse treatment for client #4. 	V 112		