

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	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed May 10, 2018. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure For Children or Adolescents.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

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

Sherea Kemp

TITLE

CEO

(X6) DATE

5/30/2018

Appendix 1-B: Plan of Correction Form

Plan of Correction

Provider Name:	CHAPARRAL YOUTH SERVICES LLC	Phone:	910 827-1169
Provider Contact Person for follow-up:	Sheree Sampson, CEO Sheree Sampson	Fax:	910 775-9181
Address:	5973 McLeod Dr. Maxton NC 28364	Email:	sheree1157@gmail.com

Finding	Corrective Action Steps & Preventative Measures	Responsible Party & Frequency of Monitoring	Time Line
<p>V112 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 5/10/18 of client #4's record revealed:</p> <ul style="list-style-type: none"> -14 yr old male. -Adm date 1/05/18. -Dx Oppositional Defiant D/O, Adjustment D/O w/Disturbance of Conduct, PTSD, ADHD, Cannabis Abuse D/O. -PCP dated 12/15/17 revealed no development or implementation of strategies to address substance abuse disorder. 	<p>V112 1.) A referral was made to Continuum Care Services to obtain substance abuse tx for client #4. A new goal is added to his Person Centered Plan (PCP) to ensure that tx in the facility addresses the needs of the client.</p> <p>PREVENTION:</p> <p>2.) Comprehensive Clinical Assessment (CCA) & Person Centered Plan (PCP) will be reviewed upon admission. When obtaining consents upon admission, the Admission Assessment will be completed according to information obtained from CCA & PCP, as well as from the legal guardian. At this point it will be determined if there is any hx of substance abuse. If so, a consent will be obtained to share information with an agency which will provide the substance abuse tx. If there is no goal in the PCP pertaining to substance abuse it will be added at the time of admission to ensure that treatment is targeted to the substance use.</p> <p>3.) A debriefing is scheduled for 5/31/2018 to inform all staff of the findings of this Survey and to provide supervision regarding the addition of the new goal and the importance of addressing all behavioral health needs of the client.</p>	<p>Tammie Oxendine, AP & Sheree Sampson, LPC Monitor upon each admission while guardian is present.</p>	<p>Implementation Date: 5/25/2018</p> <p>Projected Completion Date: 6/01/2018</p>

Sheree Sampson, CEO
5/30/2018