

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL041-890</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 05/29/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>MAJESTIC SOLUTIONS, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1115 CENTENNIAL STREET HIGH POINT, NC 27262</b>
--	---

(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>A complaint and follow up survey was completed on 5/29/18. The complaint was substantiated (intake #NC00137867). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious</p>	V 108		

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

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL041-890</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 05/29/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>MAJESTIC SOLUTIONS, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1115 CENTENNIAL STREET HIGH POINT, NC 27262</b>
--	---

(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 108	<p>Continued From page 1</p> <p>and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 2 staff (staff #1) had been trained to meet the mh/dd/sa needs of the clients as specified in the treatment/habilitation plan. The findings are:</p> <p>Review on 5/23/18 of staff #1's record revealed:</p> <ul style="list-style-type: none"> <li>- A hire date of 8/31/16 as Direct Care Staff</li> <li>- No evidence staff #1 had been trained to meet the mh/dd/sa needs of the client as specified in their treatment/habilitation plan</li> </ul> <p>Interview on 5/23/18 with staff #1 revealed:</p> <ul style="list-style-type: none"> <li>- He had not received training to meet the mh/dd/sa needs of the clients as specified in their treatment/habilitation plan.</li> </ul> <p>Interview on 5/23/18 with the Director revealed:</p> <ul style="list-style-type: none"> <li>- He had not received the Statement of Deficiencies for the survey completed 1/2/18; therefore, he had forgotten he had been cited for staff #1 not having completed the necessary training to meet the needs of the clients being served</li> <li>- He would ensure staff #1 received the required training as soon as possible.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 108		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL041-890</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 05/29/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>MAJESTIC SOLUTIONS, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1115 CENTENNIAL STREET HIGH POINT, NC 27262</b>
--	---

(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 180 V 180	<p>Continued From page 2</p> <p>27G .1302 Residential Tx - Staff</p> <p>10A NCAC 27G .1302 STAFF</p> <p>(a) Each facility shall have a director who has a minimum of two years experience in child or adolescent services and who has educational preparation in administration, education, social work, nursing, psychology or a related field.</p> <p>(b) At all times, at least one direct care staff member shall be present with every four children or adolescents. If children or adolescents are cared for in separate buildings, the ratios shall apply to each building.</p> <p>(c) When two or more clients are in the facility, an emergency on-call staff shall be readily available by telephone or page and able to reach the facility within 30 minutes.</p> <p>(d) Psychiatric consultation shall be available as needed for each client.</p> <p>(e) Clinical consultation shall be provided by a qualified mental health professional to each facility at least twice a month.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure clinical consultation was provided by a qualified mental health professional to the facility at least twice a month. The findings are:</p> <p>Review on 5/23/18 of the Qualified Professional's (QP's) record revealed: - A hire date of 2/28/18</p> <p>Interview on 5/29/18 with the QP revealed: - He had been hired by the Director in February 2018 to become the facility's QP; however due to "health related issues...it kept me out for a little</p>	V 180 V 180		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL041-890</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 05/29/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>MAJESTIC SOLUTIONS, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1115 CENTENNIAL STREET HIGH POINT, NC 27262</b>
--	---

(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 180	<p>Continued From page 3</p> <p>bit."</p> <ul style="list-style-type: none"> <li>- The Director "was open" to working with him to keep him on board as the facility's QP as he recuperated</li> <li>- He had met with the Director "about a week ago" to further discuss his role as the QP and what the Director's expectations were of him</li> <li>- He had also reviewed "case notes and had one group session with the clients."</li> </ul> <p>Interview on 5/23/18 with clients (#1, #2 and #3) revealed:</p> <ul style="list-style-type: none"> <li>- They had just met with the recently met with the individual who had been hired as the facility's QP on at least one occasion within the month (May 2018).</li> </ul> <p>Interview on 5/23/18 with staff #2 revealed:</p> <ul style="list-style-type: none"> <li>- It was his understanding an individual had been hired as the facility's QP in February 2018; however, due to a medical issue, he had been unable to start as planned</li> <li>- The individual had been to the facility on at least two occasions within recent weeks.</li> </ul> <p>Interview on 5/23/18 with the Director revealed:</p> <ul style="list-style-type: none"> <li>- In February 2018, he'd hired an individual to be the facility's QP; however, due to the individual having a medical issue, which required surgery, the QP had only recently begun providing services to the facility beginning in May 2018</li> <li>- He had been "torn" between keeping this individual on as his QP while he recuperated or terminating him, and he chose the later, as it was difficult finding someone with the "credentials," and the experience this individual possessed</li> <li>- This individual was now working at the facility and would now be providing the required services.</li> </ul>	V 180		