

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-129</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/13/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>REALISTIC CHANGE BY CHOICE VALLEYBRO</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>245 VALLEYBROOK LANE TROUTMAN, NC 28166</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><b>INITIAL COMMENTS</b></p> <p>An annual survey was attempted on 6/13/18. According to the CEO (Chief Executive Officer)/Director of Treatment Services there are no clients currently being served at the facility. The last time a client was served at the facility was in December 2017.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>Observation on 6/13/18 of the facility at approximately 11:00 am revealed:</p> <ul style="list-style-type: none"> <li>- No vehicles in the driveway of the facility</li> <li>- No answer at the front door of the facility</li> <li>- The voice mailbox for the number listed for the facility was full and no additional messages could be left</li> </ul> <p>Review on 6/13/18 of Former Client #1's (FC #1's) record revealed:</p> <ul style="list-style-type: none"> <li>- An admission date of 9/7/16</li> <li>- Diagnoses of Oppositional Defiant Disorder (D/O); Post-Traumatic Stress D/O and Unspecified Substance Related D/O</li> <li>- A discharge date of 12/1/17</li> </ul> <p>Interview on 6/13/18 with the CEO/Director of Treatment Services revealed:</p> <ul style="list-style-type: none"> <li>- The facility's last client (FC #1) was discharged in December 2017</li> <li>- Since December 2017, she has been in the process of submitting an application for re-credentialing/re-verification for the NC Tracks program</li> <li>- NC Tracks was the program which provided Medicaid reimbursement to providers for the treatment services rendered to their clients</li> </ul>	V 000		

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

TITLE

(X6) DATE

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V 000	Continued From page 1  - She was awaiting news of her status with regard to the re-credentialing/re-verification process and was "at the mercy" of those with NC Tracks as to how quickly her application made its way through the process - While she was awaiting notification, renovations were being completed at the facility - She would notify DHSR when the facility began admitting clients.	V 000		