Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl060-852	A. BUILDING: _____ B. WING _____	06/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISION HOME	5004 GLENVIEW COURT CHARLOTTE, NC 28215

(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 A complaint survey was completed on 6-7-18. The complaint was substantiated (#NC 00138393). Deficiencies were cited. This facility is licensed for the following service category:10A NCAC 27G 1700 Residential Treatment Staff Secure for Children or Adolescents.	V 000	DHSR - Mental Health JUL 13 2018 Lic. & Cert. Section	
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	V 110		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Robin B. Roberson — TITLE: CEO — (X6) DATE: 7/10/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl060-852	A. BUILDING: _____ B. WING _____	06/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISION HOME	5004 GLENVIEW COURT CHARLOTTE, NC 28215

(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 110	Continued From page 1 plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on interviews and record reviews one of two staff failed to demonstrate knowledge, skills, and abilities effecting one of 2 staff (staff #1). The findings are: Review on 5-15-18 of level II incident report dated 4-25-18 revealed: -"[Client #2] had a verbal altercation with two of her peers ([client #3], and [client #1]), [client #2] dared [client #3] to hit her as they had a disagreement about each other telling peers at school their personal business. Staff redirected all consumers to communicate in a positive manner. Staff noticed the [client #2] began to escalate by urging her peer ([client #3]) to hit her. Staff stood in between the consumers as [client # 2] was instructed to stand by another staff to separate the consumers. As staff attempted to escort [client #2] outside she swung at [client #3] however she missed. At this point, [client #3] and [client #1] began to hit [client #2]. Staff intervened by attempting to separate the consumers. Staff was able to separate [client #3] however, [client #1] was kicking and pushing [client #2's] head into the ground. Once staff was able to get [client #1] off [client #2], [client #2] was escorted outside the facility and examined. Staff observed [client # 2] was bleeding from her head. Staff contacted the executive director and [local police]. The medic transported [client #2] to [local hospital] to receive treatment. [Client #2]	V 110		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl060-852	A. BUILDING: _____ B. WING _____	06/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISION HOME	5004 GLENVIEW COURT CHARLOTTE, NC 28215

(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 110	Continued From page 2	V 110		

had a wound in the back of her head. [Client #2] needed stitches and four staples. [Local police] made [client #2] and staff aware that charges would be pressed against [client #1] due to her being the aggressor and assaulting [client #2]. The police transported [client #1] to [local behavioral health] for evaluation due to her aggressive behaviors and wanting to hurt her peers and staff. [Client #1] was released and arrived back at the facility around 10:50 pm."

Review on 5-15-18 of the police narrative dated 4-26-18 revealed:

-"...When I arrived I spoke with [client #2] (victim). The victim had blood on the right side of her head and face and was being treated by Medic. The victim quickly stated that she and her roommate at the group home [Client #3] were engaged in a mutual physical altercation over issues that occurred at school. The victim stated that during the altercation, another roommate [client #1] (suspect) grabbed her from behind, threw her on the floor and continued to kick and punch her in the head. The victim was transported to [local hospital] to be treated for her injuries. While at [local hospital] I was able to get a full statement from the victim. ...The victim stated that she and [client #3] began to argue and eventually agreed to fight each other....The victim stated that during her fight with [client #3] the suspect came up behind her, grabbed her and threw her on the floor. The victim stated while she was on the floor the suspect kicked and punched her in the head. The victim stated when the suspect began assaulting her [client #3] disengaged herself from the situation. The victim stated she was able to crawl to the door of the group home and get up and run out. The victim stated the suspect chased after her in attempts to further assault

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl060-852	A. BUILDING: _____ B. WING _____	06/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISION HOME	5004 GLENVIEW COURT CHARLOTTE, NC 28215

(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 110	Continued From page 3	V 110		

her. The victim stated the staff of the group home finally realized what was occurring and told then both to come back into the house and stop. The victim stated that very shortly after this the police arrived. The suspect has a history of mental health issues and has been admitted to [mental institution] multiple times. Officers and the staff of the group home felt it would better serve the suspect to first be transported to mental health to speak with professionals rather than completing an arrest at the scene. I went to the magistrate in order to seek a warrant for arrest for the suspect. An arrest warrant for simple assault was issued by the magistrate."

Review on 5-14-18 of camera recording before and after the incident on 4-25-18 revealed:
-Client #2 visibly upset, pacing, staff #2 in doorway, staff #1 not visible.
-Client #2 walks out of camera range toward the computer desk for a brief moment.
-Client #2 is seen banging on the walls.
-Next shot is after the incident when clients are in the kitchen trying to comfort client #2.

Review on 5-15-18 of staff #1's personnel record revealed:
-Hire date of 7-3-07.
-Trainings include: NCI (North Carolina Interventions) Part A and B with 10 optional therapeutic holds (8- 26-17) and mental illness (9-12-14).

Interview on 5-16-18 with client #1 revealed:
-"I pushed [client #2] to the floor."
-"One staff was at the computer, the other staff was not there."
-"[Staff #2] was in the living room while we were fighting."
-"There is no way to tell who injured [client

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl060-852	A. BUILDING: _____ B. WING _____	06/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISION HOME	5004 GLENVIEW COURT CHARLOTTE, NC 28215

(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 110	Continued From page 4 #2], her head was bleeding before I started kicking her." -"The cops saw the video, one kid said staff was deleting the video." -She can't remember what staff #2 was doing. Interview on 5-14-18 with client #2 revealed: -She was arguing with client #3 and they got into a fight. -"Then this other girl,(client #1) jumped up and started kicking me in my head." -She had to get staples in her head. -One staff (staff #2) was trying to get between them and break up the fight. -"The other staff (Staff #1) was just sitting there, but she is old, I wouldn't expect her to do much." -She managed to run outside and staff #2 ran out also, she guessed staff #2 was to try to protect her. -She thought client #1 ran after her, but couldn't remember exactly what happened -Client #4 also ran outside to check on her because they are friends. Interview on 5-14-18 with client #3 revealed: -"[Client #2] and me were arguing, verbally then physical. [Client #1] jumped in and started beating up [client #2]. I stopped fighting." -"Staff did absolutely nothing (before the fight), when [client #1] jumped in, that is when staff jumped in." -[Staff #1] didn't do anything, she just sat there watching." -"I understand, she is old and doesn't want to get hurt." -"[Client #1] starting kicking [client #2] in the head, screaming 'I'll kill the B***h'." -"[Staff #2] was trying to protect [client #2's]	V 110		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl060-852	A. BUILDING: _____ B. WING _____	06/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISION HOME	5004 GLENVIEW COURT CHARLOTTE, NC 28215

(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 110	Continued From page 5	V 110		

head, trying to push [client #1] back."
-"[staff #1] was doing nothing but watching."
-Client #2 ran outside and client #1 ran after her.
-Staff #2 ran outside also to help client #2, she thought.
-The police then came
-"I am beyond afraid of [client #1], I will start running and acting up again if she comes back."

Interview on 5-14-18 with client #4 revealed:
-She was sitting in the living room when client #3 and client #1 were whispering to each other and client #2 thought they were talking about her and "went off on [client #3]."
-"[Client#1] jumped in and started in and started banging her (client #2) head and kicking her head."
-Staff #1 was sitting at the computer
-Staff #2 was "getting [client #1] off her."
-"I don't know why she (staff #1) didn't jump in, it would have been helpful."
-"[Staff #2] got [client #1] off her (client #2)."
-"[Client #2] was bleeding and couldn't breathe, she was passing out."
-"I was scared, it was traumatizing."
-"I tried to stay with [client #2] to help her."

Interview on 5-14-18 with client #5 revealed:
-She had been sitting on the sofa when the fight started.
-"[Client #1] came and pulled her (client #2) hair, and punching her."
-"[Staff #2] was trying to separate them, [staff #1] was just sitting there."
-"She is very old and can't do anything."
-"She (staff #1) did tell them to stop fighting."

Interview on 5-14-18 with staff #1 revealed:
-all the clients were in the living room the day

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl060-852	A. BUILDING: _____ B. WING _____	06/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISION HOME	5004 GLENVIEW COURT CHARLOTTE, NC 28215

(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 110	Continued From page 6 of the incident, and she was sitting at the computer. -Client #2 was getting upset. -"I called [client #2] to me." -"I told everyone to go to their rooms." -"[Client #2] hit at [client #3] but missed her. [Client #1] took it up. It got crazy really fast." -"I told [client #2] they will both fight her." -"[client #3] got out." -"[Client #1] started snatching [client #2] by her hair." -"[Client #2] was on the ground." -"I was standing with the phone. The phone was down." -"The phone kept saying all the lines were tied up." -"[staff #2] got through to the police." -"I told [client #2] to go outside. [Client #1] got out, she barreled right past her (staff #2)." -"What we was attempting to do was get her to stop knocking the girl." -"[Staff #2] put her hands over [client #1] to get her off." -"I said, 'you get your hands away from [client #2]'." -"I was over here, (indicating area near computer), I should be clearly visible on the camera." -"[Staff #2] was telling them they would be getting consequences." (before the physical fight) -"High priced cameras should be able to see stuff." -"I was talking to [client #2], I was standing right next to her." -"[Client #2] acts like we should have been able to get her (client #1)." -"But that's like you are trying to jerk the baby out of a hand, the baby will get hurt." -Client #2 ran outside, and staff #1 said she was going to go out the back door to go around	V 110		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl060-852	A. BUILDING: _____ B. WING _____	06/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISION HOME	5004 GLENVIEW COURT CHARLOTTE, NC 28215

(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 110	Continued From page 7	V 110		

the house, but staff #2 had already done that.
-Staff #1 said she never physically intervened in the altercation.

Interview on 5-14-18 with staff #2 revealed:
-Client #2 was upset and staff #1 did try to process with her.
-She told the clients that they would have consequences for arguing
-Client #2 swung at client #3 but missed, and then they started fighting.
-"[Client #1] jumped in."
-She tried to get between the clients, and client #3 did stop fighting.
-"[Staff #1] told them to stop fighting."
-"[Client #1] kept rushing back."
-Staff #1 was standing near the computer and was trying to talk with them.
-Client #2 ran outside and staff #2 ran out right behind her.
-They did have phone troubles, but finally got through to the police.
-"I was in between them, [client #1] kicked her (client #2) kicked her repeatedly.
-"[Staff #1] was trying to process, talking to them."
-Staff #1 never intervened in the altercation.

Interview on 5-24-18 with responding police officer revealed:
-It didn't seem to him that staff did anything to prevent or intervene in the altercation.
-He thought it was "funny" how the camera didn't pick up the actual fight, but did capture the time before and after the altercation.
-The police are out at the facility frequently.

Interview on 5-17-18 with client #1's social worker revealed:
-Client #1 had been in a locked facility "for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl060-852	A. BUILDING: _____ B. WING _____	06/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISION HOME	5004 GLENVIEW COURT CHARLOTTE, NC 28215

(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 110	Continued From page 8 years" so she had never received charges before. -She did have an assault record, but went into the locked facility so she didn't get charged. Interview on 5-23-18 with the Facility manager/Qualified Professional revealed: -She did not know that staff #1 hadn't tried to intervene in the altercation. -"She was recovering from an injury, she probably didn't want to get hurt." -"We have had conversations about intervening." (In altercations) Interview on 5-14-18 with the facility director revealed: -The camera was set on a timer. It would work for a certain amount of time and then time out. -They have corrected the problem so that it would continually record. This deficiency is crossed referenced into 10A NCAC 27G 17 Residential Treatment Staff Secure for Children or Adolescents (V293)	V 110		
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	V 112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl060-852	A. BUILDING: _____ B. WING _____	06/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISION HOME	5004 GLENVIEW COURT CHARLOTTE, NC 28215

(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 112	Continued From page 9 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. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to develop and implement strategies based on the needs of the client, effecting 1 of three clients (client #1). The findings are: Review on 5-15-18 and 5-21-18 of client #1's record revealed: -Admitted 3-21-18 -16 years old -Diagnoses of Post traumatic Stress Disorder, Conduct Disorder moderate, Attention Deficit/Hyperactivity Disorder -Clinical Assessment Addendum dated 3-20-18 revealed: "admitted to facility 10-18-17 due to verbal and physical fighting, property destruction, impulsivity, depressive symptoms, low self esteem, and defiance...been engaged in treatment and been making significant progress...continues to engage in negative peer	V 112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl060-852	A. BUILDING: _____ B. WING _____	06/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISION HOME	5004 GLENVIEW COURT CHARLOTTE, NC 28215

(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 112	Continued From page 10	V 112		

interactions...maintains poor boundaries...accepting of redirection and consequences...struggles with managing her anger at times, she has learned to process with a trusted adult...walk away from negative peers...use coping skills...she is motivated for treatment."

-Safety plan dated 4-4-18 to address AWOL (absent without leave) behavior revealed: who to call in case of an emergency, "begin processing with [client #1] encouraging her to utilize coping skills and remind her of goals and incentives. [Client #1] can walk with staff to the blue house twice, verbally agreeing not to go AWOL, [client #1] may also contact supports as long as she complies and communicates appropriately."

-Comprehensive Clinical Assessment dated 5-16-18 revealed: "safety discharge document; ...has been involved in three physical altercations...two of the three altercations resulted in physical harm...all consumers in the facility expressed a consumer for their safety...charged with simple assault...The Child and family Team held an emergency meeting 4-24-18 due to her risky elopement behaviors and refusal to comply with rules of the residential program."

-Person centered plan dated last updated 4-10-18 revealed: "4-10-18 The team met to discuss the progress of [client #1] since admission on 3-21-18. [Licensee] held and emergency CFT (Child, Family Treatment) due to the unsafe behaviors displayed. [Client #1] went AWOL on 4/3, 4/4, 4/5 due to her becoming upset. [Client #1] struggles to utilize appropriate coping skills...The team along with [client #1] developed a safety plan on 4-4-18 and 4-8-18 due to unsafe behaviors..."

-Goals include: increase ability to communicate, identify the benefits of taking medication, learn ways to manage past

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl060-852	A. BUILDING: _____ B. WING _____	06/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISION HOME	5004 GLENVIEW COURT CHARLOTTE, NC 28215

(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 112	Continued From page 11	V 112		

trauma, gain control over her impulse to be self-destructive.

-All goals appear to be continued from the Psychiatric Residential treatment facility that she came from.

-Crisis plan revised 4-10-18 revealed: "4-4-18 Refer to the safety plan for AWOL: Begin processing with [client #1] encouraging her to use coping skills and remind her of her goals and incentives. [Client #1] can walk with staff to the blue house twice verbally agreeing not to go AWOL. [Client #1] may also contact supports as long as she complies and communicates appropriately."

Review on 5-16-18 of facility incident reports revealed:

-Client #1 went AWOL on 4/3, 4/4, 4/5, 4/21, 4/24, and 5/1

Interview on 5-23-18 with independent trainer revealed:

-She goes out at the end of the month and does trainings with the staff.

-Last month she trained the staff on AWOL behavior.

-"I told them how to process with them, I reminded them they are a treatment facility."

-She went through triggers for clients.

-She does not keep a sign in sheet but the director does, so she did not know if there were some staff that weren't at the training.

Interview on 5-23-18 with staff #4 revealed:

-She had no problems with client #1 "you have to know her triggers."

-They did have a meeting with the independent trainer and talked about client #1 and AWOL behavior.

-"You have to process, process, process."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mh1060-852	A. BUILDING: _____ B. WING _____	06/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISION HOME	5004 GLENVIEW COURT CHARLOTTE, NC 28215

(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 112	Continued From page 12 -Staff #4 said they also walk with her. -When client #1 gets angry, she will move less, or blink her eyes." I let her chill." Interview on 5-23-18 with staff #3 revealed: -They didn't have any meeting about client #1 or her AWOL behavior. -There have been no updates that she knows about in client #1's treatment plan. Interview on 5-23-18 with the facility manager/Qualified Professional revealed: -They had attempted to update client #1's treatment plan on April 25 but, "she (client #1) was resistant." -Client #1 wouldn't agree to anything they suggested. -Client #1 would not agree to change her goals. -They are trying to be more careful about the clients that they admit and are asking more questions about them. Interview on 5-23-18 with the facility director revealed: -They have an independent trainer come monthly. -That was the agreement from the last survey. -They have not added any new goals for client #1. -The trainer was coming the following Saturday (5-26-18) to train everyone in AWOL behavior. -When the clients come to the facility, they already have goals in place. -Their goals can still be used at the facility. -They then have a treatment team meeting where they can change any goals. -Client #1 didn't have a problem with AWOL	V 112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl060-852	A. BUILDING: _____ B. WING _____	06/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISION HOME	5004 GLENVIEW COURT CHARLOTTE, NC 28215

(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 112	Continued From page 13 behavior when she first came to the facility. No documentation of what staff had ever attended training despite repeated requests for any other material addressing client #1's AWOL behavior. This deficiency is crossed referenced into 10A NCAC 27G 17 Residential Treatment Staff Secure for Children or Adolescents (V293)	V 112		
V 293	27G .1701 Residential Tx. Child/Adol - Scope 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall require the following: (1) removal from home to a community-based residential setting in order to facilitate treatment; and (2) treatment in a staff secure setting. (e) Services shall be designed to:	V 293		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl060-852	A. BUILDING: _____ B. WING _____	06/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISION HOME	5004 GLENVIEW COURT CHARLOTTE, NC 28215

(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 293	Continued From page 14 (1) include individualized supervision and structure of daily living; (2) minimize the occurrence of behaviors related to functional deficits; (3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint; (4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and (5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting. (f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care. This Rule is not met as evidenced by: Based on interviews, observations and record reviews the facility failed to ensure that services would minimize the occurrence of behaviors related to functional deficits and ensure the safety and deescalate out of control behaviors, effecting 3 of 6 clients (client 1, 2, and 4). The findings are: Cross referenced: 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110) Based on interviews and record reviews one of two staff failed to demonstrate competency effecting two of six	V 293	**(V110) To correct the deficient area of practice: Staff met with Executive Director to discuss job duties and discuss whether they are capable of meeting all requirements of the job. Those who did not feel they could fulfill ALL job duties were told they could no longer work as Direct Care Staff for Dreams and Vision. To prevent the problem from occurring again: Any staff out with injury must be taken off of the schedule until cleared by a physician. The Executive Director will monitor the situation to ensure it will not occur again. The monitoring will take place upon hire, when staff is injured, and during staff performance reviews.** **(V112) To correct the deficient area of practice: Changes will be made to ensure strategies are implemented based on the needs of each client. To prevent the problem from occurring again: The crisis plan will be updated each time a crisis or behavior occurs. Team members will provide input on ways to reduce crises. The Executive Director and QP will monitor the situation to ensure it will not occur again. The monitoring will take place monthly or as behaviors occur, whichever is first.**	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl060-852	A. BUILDING: _____ B. WING _____	06/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISION HOME	5004 GLENVIEW COURT CHARLOTTE, NC 28215

(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 293	Continued From page 15 clients (clients #1 and #2). Cross Referenced: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) Based on record review and interviews the facility failed to develop and implement strategies based on the needs of the client, effecting 1 of three clients (client #1). Cross Referenced: 10A NCAC 27G .1704 Minimum Staffing Requirements (V296)Based on observations and interviews the facility failed to ensure minimum staffing requirements, effecting one of six clients (client #4). Cross Referenced: 10A NCAC 27G .0604 Incident Reporting Requirements for category A and B Provider (V367) Based on interview and record review, the facility failed to ensure that all Level II incidents be reported to the local management entity (LME) responsible for the catchment area were services are provided within 72 hours of becoming aware of the incident. Review on 5-23-18 of Plan of Protection dated 5-23-18 and signed by the Qualified Professional revealed: What immediate action will the facility take to ensure the consumers in your care? "All staff who are on shift will be physically able to intervene using NCI restraints id required. If any staff member is afraid or does not feel comfortable intervening with verbal or physical aggressive behaviors they will be removed from the schedule. After a client was dropped off at 2:15, a staff member has been scheduled to	V 293	**(V296) To correct the deficient area of practice: Dreams and Vision will ensure the minimum staffing requirement is met at all times. To prevent the problem from occurring again: Clients attending ARJ Cares will be dropped off at the office location where two staff are present at all times during first shift. This way if the cab arrives early, coverage is guaranteed. The Executive Director will monitor the situation to ensure it will not occur again. The monitoring will take place daily.** **(V367) To correct the deficient area of practice: Qualified Professional will be responsible for submitting incident reports within 72 hours of incident. To prevent the problem from occurring again: Executive Director will follow up to ensure report has been submitted within 72 hour time frame. The Qualified Professional will show the Executive Director proof of the submission. The Executive Director will monitor the situation to ensure it will not occur again. The monitoring will take place each time a Level II incident occurs.**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl060-852	A. BUILDING: _____ B. WING _____	06/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISION HOME	5004 GLENVIEW COURT CHARLOTTE, NC 28215

(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 293	Continued From page 16 arrive at 2 pm as of 5-21-18. if errands are required during shift all consumers and staff will will leave the facility together. Staff will intervene during disagreements between consumers by separating all parties included. All staff will be required to work together to deescalate behaviors. Prior to submitting incident reports, an internal investigation will be conducted. All assessments and treatment plans will be updated as needed and readily available. " Addendum sent 6-7-18 and signed by the director revealed: "Dreams and Visions updates personal plans within 30 days or as needed depending on the clients behaviors to determine if new goals or interventions need to be added or have met their goals." Describe your plans to make sure the above happens. "A staff meeting will be held on May 26th, 2018 to discuss all current consumers, appropriate ways to communicate and intervene in a crisis. Staff meetings are held monthly, the third Saturday of each month where current behaviors, interventions, training topics, and concerns are discussed. Three staff members will be on shift at all times as of May 23 rd 2018. In the staff meeting May 26, staff will be reminded to contact the executive director immediately is a staff scheduled is a no call, no show. The executive director will instruct all staff to abid by expectations of providing notice if they can not come in, to ensure there is coverage. Client #1 was admitted on 3-21-18 with a diagnoses of Post Traumatic Stress Disorder, Moderate Conduct disorder, and Attention Deficit/Hyper activity disorder. She had a history	V 293		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mh1060-852	A. BUILDING: _____ B. WING _____	06/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISION HOME	5004 GLENVIEW COURT CHARLOTTE, NC 28215

(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 293	Continued From page 17 of physical aggression and property destruction, and had already had a physical altercation with a previous client. Staff #1 made the decision not to help intervene in a physical altercation between client #1 and client #2, resulting in client #2 being severely injured and requiring staples to her head. Client #1 did not have goals included in her person centered plan and no documentation of staff receiving training on clients behaviors. Client #1 went AWOL several times and while they did put a safety plan in place, it was not amended as the problem continued, nor was her person centered plan updated to add goals or strategies regarding the AWOL behavior. The facility failed to ensure that it had proper coverage at all times to be in compliance with ratio and address the needs of the clients. Client #4 had a history of AWOL behavior and had been repeatedly dropped off by her transportation when there was no staff at the facility. The staff also would leave one staff at the facility with clients, if they needed to complete errands. The facility did not properly report incidents to the Local Management Entity so that they would be aware of issues in the facility. This deficiency constitutes an A1 rule violation for serious neglect and must be corrected within 23 days. an administrative penalty on 2,000 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.	V 293		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by	V 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl060-852	A. BUILDING: _____ B. WING _____	06/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISION HOME	5004 GLENVIEW COURT CHARLOTTE, NC 28215

(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 296	Continued From page 18 telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents. (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan. (e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.	V 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl060-852	A. BUILDING: _____ B. WING _____	06/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISION HOME	5004 GLENVIEW COURT CHARLOTTE, NC 28215

(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 296	Continued From page 19	V 296		

This Rule is not met as evidenced by:
Based on observations and interviews the facility failed to ensure minimum staffing requirements, effecting one of six clients (client #4) The findings are:

Review on 5-15-18 of client #4's record revealed:
-admitted 3-6-18
-17 years old
-Diagnoses of Personality disorder, unspecified, Adjustment disorder, unspecified
-Person Centered Plan dated 2-12-18 and last updated 4-20-18 revealed: "Staff/Medicaid funded transportation may transport and facilitate client 1 on 1 as long as client is safe and behavior is appropriate to do so."

Observation on 5-15-18 at approximately 2:30 pm revealed:
-Client #4 sitting on the front stoop of the facility.
-No staff were present at the facility.
-Approximately 5 minutes later, the facility owner came and let client #4 into the house.

Interview on 5-15-18 with client #4 revealed:
-She rode a cab from her school
-That day the cab driver had dropped her off, even though client #4 told her there is no staff at the facility and she wasn't supposed to be there alone.
-This had happened "2-3 times."
-Sometimes it was as long as 20 minutes before staff came.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl060-852	A. BUILDING: _____ B. WING _____	06/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISION HOME	5004 GLENVIEW COURT CHARLOTTE, NC 28215

(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 296	Continued From page 20 Interview on 5-21-18 with staff #4 revealed: -The director has told the cab company that staff doesn't come until 2:30. -Once, she came at 2:15 and client #4 was sitting outside the facility. Interview on 5-15-18 with the facility owner revealed: -This has happened before. -Overheard telling staff it happened "about once a month." -The cab company knows they are not supposed to just drop her off. -They would make adjustments in the staffing schedule so this wouldn't happen again. Interview on 5-18-18 with the cab company dispatcher revealed: -His drivers always make sure that staff is at the facility before leaving the clients. Interview on 5-22-18 with staff #3 revealed: -She was alone in the house with clients. -The facility manager/qualified Professional had gone on an errand. -"She took some of the clients with her." -Staff #3 did not say how many clients were left at the house. Interview on 5-23-18 with Facility Manager/Qulified professional revealed: -She didn't know there had to be two staff at the facility at all times if clients were present. -She thought that since she took some clients with her, it was alright. This deficiency is crossed referenced into 10A NCAC 27G 17 Residential Treatment Staff Secure for Children or Adolescents (V293)	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl060-852	A. BUILDING: _____ B. WING _____	06/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISION HOME	5004 GLENVIEW COURT CHARLOTTE, NC 28215

(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 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable.	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl060-852	A. BUILDING: _____ B. WING _____	06/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISION HOME	5004 GLENVIEW COURT CHARLOTTE, NC 28215

(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 367	Continued From page 22 (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl060-852	A. BUILDING: _____ B. WING _____	06/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISION HOME	5004 GLENVIEW COURT CHARLOTTE, NC 28215

(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 367	Continued From page 23 (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that all Level II incidents be reported to the local management entity (LME) responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are: Review on 5-18-18 of local police reports revealed: -4-7-18: "On April 7, 2018, I responded to a attempted suicide call for service. Upon arrival, the victim was being transported to [local hospital] by Medic." -5-11-18: "on 5-11-18 at [local address], the listed suspect relayed through a third party a threat against the victim's person. The victim believed the suspect would carry out the threat." -5-12-18: "On may 12, 2018 at approximately 1759 hours the listed victim stated that the unknown suspect assaulted her by hitting her in the face and grabbed her hair. The victim fell to the ground and was kicked in the head by the suspect." Review on 5-18-18 of unsubmittted IRIS (Incident Response Improvement System) report dated 5-15-18 revealed: -" Date of incident 5-12-18, narrative dated 5-15-18:"Staff redirected [client #1] several times... [client #1] communicated several threats to staff...[client #1] walked up to staff and grabbed her hair...again charged at [staff #3] grabbing	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl060-852	A. BUILDING: _____ B. WING _____	06/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISION HOME	5004 GLENVIEW COURT CHARLOTTE, NC 28215

(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 367	Continued From page 24 her hair, kicking and punching her on the ground...was charged with simple assault and arrested after the incident." Review on 5-16-18 and 5-23-18 of facility incident reports revealed: -No incident reports for above police reports. Interview on 5-23-18 with facility director revealed; -There should be a corresponding incident report for all the police reports. This deficiency is crossed referenced into 10A NCAC 27G 17 Residential Treatment Staff Secure for Children or Adolescents (V293)	V 367		

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

July 3, 2018

Ms. Robin Roberson, Director
Dreams and Visions, LLC
5736 North Tryon Street, Ste. 130
Charlotte, North Carolina 28213

Re: Complaint Survey completed 6-7-18
New Vision Home, 5004 Glenview Court, Charlotte NC 28215
MHL # 060-852
E-mail Address: dreamsandvisions2011@yahoo.com
Intake #NC00138393

Dear Ms. Roberson:

Thank you for the cooperation and courtesy extended during the complaint survey completed 6-7-18. The complaint was substantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Type A1 rule violation is cited for 10A NCAC 27G .1701 Scope (V293).

Time Frames for Compliance

- Type A1 violations and all cross referenced citations must be ***corrected*** within 23 days from the exit date of the survey, which is 7-1-18. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed Type A violation by the 23rd day from the date of the survey may result in the assessment of an administrative penalty of $500.00 (Five Hundred) against Dream and Visions, LLC for each day the deficiency remains out of compliance.

What to include in the Plan of Correction

- Indicate what measures will be put in place to ***correct*** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to ***prevent*** the problem from occurring again.
- Indicate ***who will monitor*** the situation to ensure it will not occur again.
- Indicate ***how often*** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Lynn Grier at 704-596-4072.

Sincerely,

Patricia Work

Patricia Work
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Trey Sutten, Director, Cardinal Innovations LME/MCO
Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO
File