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 _____	R 08/23/2018

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

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V 000	INITIAL COMMENTS An annual, complaint, and follow up survey was completed on August 23, 2018. The complaints were unsubstantiated (Intake #NC00133936 and NC00140484). 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		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (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. (i) The governing body shall develop and	V 108		

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V 108	Continued From page 1 implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure all staff received training to meet the nmh/dd/sa needs of the clients affecting 1 of 4 audited staff (Staff #5). The findings are: Review on 8/22/18 of Staff #5's record revealed: -Hire date of 8/16/17; -Employed as Direct Care Staff; -No documentation of training in sexualized behaviors/sexually reactive behaviors. Interview on 8/23/18 with the Executive Director/Licensee revealed: -Will arrange for Staff #5 to receive the necessary training.	V 108		
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		

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V 112	Continued From page 2 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 interview and record review, the facility failed to develop and implement treatment plan strategies to address the needs of the clients affecting 3 of 4 audited clients (Clients #1, #2, and #3). The findings are: Review on 8/22/18 of Client #1's record revealed: -Admission date of 4/18/18; -17 years old; -Diagnoses of Major Depressive Disorder, Intellectual Developmental Delays, Attention Deficit Hyperactivity Disorder; -History of sexualized behaviors with males on the school bus and at school; -No treatment plan strategies to address sexualized behaviors. Review on 8/22/18 of Client #2's record revealed: -Admission date of 3/6/18;	V 112		

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V 112	Continued From page 3 -17 years old; -Diagnoses of Personality Disorder Unspecified, Adjustment Disorder Unspecified, Post-Traumatic Stress Disorder; -Recently made a false accusation of a sexual assault against a peer at day treatment after having consensual sexual contact with the peer. The accusation resulted in a rape kit assessment at the local emergency department and involvement with local law enforcement; -No treatment plan strategies to address false accusations of sexual assault or sexualized behaviors. Review on 8/22/18 of Client #3's record revealed: -Admission date of 7/12/18; -15 years old; -Diagnoses of Attention Deficit Hyperactivity Disorder, Autistic Disorder, Conduct Disorder, and Unspecified Intellectual Developmental Delay; -History of sexualized behaviors and multiple unsubstantiated sexual abuse allegations; -No treatment plan strategies to address false accusations of sexual assault or sexualized behaviors. Interview on 8/23/18 with the Executive Director/Licensee revealed: -Had already been in contact with the Local Management Entity to discuss revising the treatment plan strategies. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 112		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION	V 117		

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V 117	Continued From page 4 REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner. This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to ensure pharmacy labels on all prescription medications affecting 1 of 4 audited clients (Client #3). The findings are: Observation on 8/22/18 at approximately 8:50am	V 117		

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V 117	Continued From page 5 of Client #3's medications revealed: -No pharmacy label affixed to Client #3's Saphris. Review on 8/22/18 of Client #3's record revealed: -Admission date of 7/12/18; -15 years old; -Diagnoses of Attention Deficit Hyperactivity Disorder, Autistic Disorder, Conduct Disorder, and Unspecified Intellectual Developmental Delay; -Physician's order dated 7/12/18 for Saphris (antipsychotic) 10mg 1 tab twice daily. Interview on 8/23/18 with the Executive Director/Licensee revealed: -Will ensure pharmacy labels on all medications.	V 117		