

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-149	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/07/2018
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NAME OF PROVIDER OR SUPPLIER JUST IN TIME YOUTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1710 SYKES STREET BURLINGTON, NC 27215
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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>A complaint survey was completed on September 7, 2018. The complaint was unsubstantiated (Intake #NC00142337). 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 Level III.</p>	V 000		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <ul style="list-style-type: none"> a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). <p>Facilities must have evidence that all alleged</p>	V 132		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 132	<p>Continued From page 1</p> <p>acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure that all allegations of harm or abuse against healthcare personnel was reported to the Health Care Personnel Registry (HCPR). The findings are:</p> <p>Review on 9/6/18 of Client #1's record revealed the following information; -- Admitted to the facility on 6/15/18. -- Age 11 years old. -- Diagnoses include Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder - Moderate to Severe, Post Traumatic Stress Disorder, Unspecified Depressive Disorder and Unspecified Bipolar Disorder. -- Psychological Testing on 3/9/17 produced a Full Scale IQ of 87.</p> <p>Interview on 9/6/18 with the facility Director revealed that a Child Protective Services worker had come to the facility to investigate an allegation that Client #1 made that a named staff</p>	V 132		

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V 132	<p>Continued From page 2</p> <p>had hurt dim during a therapeutic intervention that had happened (date unknown).</p> <p>Review on 9/6/18 of the North Carolina Incident Response Improvement System (IRIS) revealed no incident report had been completed regarding the above event.</p> <p>Interview on 9/7/18 with the facility Director revealed that she was unaware that any allegation of harm/abuse/neglect or exploitation made by a client receiving services should be reported to the HCPR, and that no one had done this for this event.</p>	V 132		