

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-776	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/08/2018
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NAME OF PROVIDER OR SUPPLIER NEW PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 5601 FAULCONBRIDGE ROAD CHARLOTTE, NC 28227
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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>An annual, complaint and follow up survey was completed on 11-8-18. The complaints were unsubstantiated (#NC00144250, NC00144501). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 1700 Residential Treatment Staff Secure for Children or Adolescents</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be 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. 	V 112		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: based on record reviews and interviews the facility failed to develop goals and strategies based on the assessment, effecting one of three clients (client #3). The findings are:</p> <p>Review on 10-31-18 of clients #3' record revealed: -Admitted 8-10-18 -14 years old -Diagnoses of Oppositional Defiance Disorder and Major Depressive disorder</p> <p>Review on 11-8-18 of discharge note from behavioral hospital for client #3 dated 8-10-18 revealed: -"obtained a rock to abrade her left forearm."</p> <p>Review on 10-31-18 of client #3's Person Centered Plan revealed: -"Starting about two years ago, the family started hiding all the knives and guns in the house because [client #3] reports she was cutting herself about a year ago." -No goals for cutting behavior</p> <p>Review on 11-8-18 of incident reports for client #3 revealed: -Incident dated 8-19-18:"Consumer had apparently become upset...after phone call she went into the bathroom, locked the door, broke the light bulb and began scratching herself with the bulb." -Incident dated 10-23-18 revealed: "consumer went into bathroom and broke the bathroom mirror...the consumer also had a pair</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>of scissors."</p> <p>Interview on 11-8-18 with client #3 revealed: -She had cut herself with a broken light bulb when she was at the facility. -Staff had given her the scissors at a previous time and never asked for them back, that is how she came to have them on 10-23-18.</p> <p>Interview on 11-8-18 with staff #1 revealed: -During the incident with client #3, client #3 did have the house scissors. -Staff did not know how client #3 got the scissors because they were locked up. -Client #3 did have a history of cutting herself. -Client #3 did not have any goals that she knew of to address this behavior</p> <p>Interview on 11-8-18 with Licensee revealed: -They would make sure a goal was added and all staff would be advised of new goal.</p>	V 112		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews the facility failed to be maintained in a safe, clean, attractive manner. The findings are:</p>	V 736		

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V 736	<p>Continued From page 3</p> <p>Observation on 10-31-18 at approximately 4:00 revealed:</p> <ul style="list-style-type: none"> -Back bathroom had peeling paint on the walls around the door and mold in the shower. -Bedroom #2 had a broken light switch -Bedroom #3 had not curtains on one window and a broken nightstand. -Hallway bathroom had soap scum on the shower walls, mold and peeling paint on the ceiling, and two large holes inside the bathroom cabinet approximately 10 inches in diameter. Holes had toilet paper and sanitary products put into them -Dirty walls and door throughout the facility. -Loose sink handle on the kitchen sink <p>Interview on 10-31-18 with facility manager revealed:</p> <ul style="list-style-type: none"> -When there was an issue, they would let the manager know and it would be corrected. <p>Interview on 11-8-18 with the director revealed:</p> <ul style="list-style-type: none"> -They would get the problem fixed as soon as possible. 	V 736		