

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1060-852	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 11/02/2018
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NAME OF PROVIDER OR SUPPLIER NEW VISION HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5004 GLENVIEW COURT CHARLOTTE, NC 28215
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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 and follow-up survey was completed on 11/2/18. The complaint (#NC00144434) was unsubstantiated. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Level III</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement</p>	V 105		

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

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V 105	<p>Continued From page 1</p> <p>activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by:</p> <ul style="list-style-type: none"> - Admission date of 4/18/18 - Diagnoses of Major Depression, Intellectual Disabilities and Attention Deficit Hyperactivity Disorder 	V 105		

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V 105	<p>Continued From page 2</p> <p>Review on 10/25/18 of Staff #1's record revealed: - Hire date of 12/6/16</p> <p>Review on 10/22/18 of Staff #2's record revealed: - Hire date of 1/7/16</p> <p>Observation on 11/1/18 at approximately 1pm revealed: - Staff #1's personal cell phone had a live picture (dated 10/21/18) of Client #1 tearing the wall and coming towards staff. -The picture revealed Client's full body and face.</p> <p>Interview on 10/29/18 with Client #1 revealed: - "Staff #1 was recording me making a hole in the wall. I told her to stop, she didn't."</p> <p>Interview on 11/1/18 with Staff #1 revealed: - Client #1 was putting a hole in the wall. Staff #1 standing at the door of the room and proceeded to take a picture of the damage. She pulled out her phone and Client #1 charged at Staff #1. - There is not a policy for taking pictures of clients. "Its a thing I do...other staff do it too. I was doing it as evidence to protect myself because at the end of the day, the clients can lie and make up stuff."</p> <p>Interview on 10/29/18 with Staff #2 revealed: - Client #1 was upset and having a behavior. She started pulling the wall. Staff #2 was trying to talk to her and calm her down. While processing with Client #1, Staff #1 came up and held her phone up to take a picture of the wall. Client #1 ran and attacked Staff #1.</p> <p>Interview on 11/2/18 with The Qualified Professional (QP) revealed: - "Im not sure why staff tried to take a picture</p>	V 105		

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V 105	Continued From page 3 while in crisis. They usually should take a picture of the damage itself after the fact...when the client is not around." - There is not a policy	V 105		