STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL080-101	A. BUILDING: _____ B. WING _____	R 11/28/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRESH START-BOUNDARY HOUSE	426 NORTH MARTIN LUTHER KING AVENUE SALISBURY, NC 28144

(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 An annual and follow up survey was completed on November 28, 2018. A deficiency was 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 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 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		

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on interview and record review, the facility failed to develop and implement strategies to address the needs of each client affecting 1 of 3 audited clients (Client #3). The findings are: Review on 11/26/18 of Client #3's record revealed: -Admission date of 8/20/18; -Diagnoses of Post-Traumatic Stress Disorder and Conduct Disorder; -15 year old male; -History of sexualized behaviors with sister; -Treatment plan dated 7/16/18 did not include treatment strategies to address Client #1's history of sexualized behaviors. Interview on 11/26/18 with the Qualified Professional revealed: -Client #1 does not have any treatment plan goals and strategies to address sexualized behaviors. Interview on 11/26/18 with the Licensee revealed: -Client #1 receives weekly therapy with a licensed therapist trained to work with sexually aggressive/sexually reactive youth; -All residential staff have been trained to work with sexually aggressive/sexually reactive youth; -A treatment plan goal will be developed for Client #1's treatment plan.	V 112		