

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl060-852	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 11/02/2018
NAME OF PROVIDER OR SUPPLIER NEW VISION HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 5004 GLENVIEW COURT CHARLOTTE, NC 28215		
(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 A complaint and follow-up survey was completed on 11/2/18. The complaint (#NC00144434) was unsubstantiated. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Level III	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement	V 105		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

CJ1F11

If continuation sheet 1 of 4

Division of Health Service Regulation

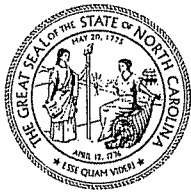
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V 105	<p>Continued From page 1</p> <p>activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring 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	A		
			<p>Action: Policy added to Dreams and Visions Policy and Procedure in the HIPPA and Confidentiality that staff is not to at any time take pictures of the clients on their personal phones, camera or any recording devices while in the home or public. Staff is not to allow any persons in the public to take pictures of the clients at any time.</p> <p>Staff will be trained on this policy immediately as well as reminded during monthly meeting/training.</p>		

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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			



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

November 27, 2018

Robin Roberson, Executive Director
Dreams and Vision, LLC
5736 N Tryon St., Ste. 130
Charlotte, NC 28213

DHSR - Mental Health

DEC 21 2018

Lic. & Cert. Section

Re: Complaint and Follow-Up Survey Completed 11/2/18
New Vision Home, 5004 Glenview Court, Charlotte NC 28215
MHL # 060-852
E-mail Address: dreamsandvisions2011@yahoo.com
Intake #NC00144434

Dear Ms. Roberson:

Thank you for the cooperation and courtesy extended during the complaint and follow-up survey completed 11/2/18. The complaint was unsubstantiated.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is 1/1/19.

What to include in the Plan of Correction

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

November 27, 2018
Dreams and Vision, LLC
Robin Roberson

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

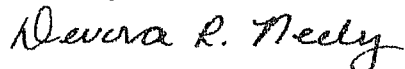
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Lynn Grier at 704-596-4072.

Sincerely,



Devora Neely, MSW, BSN, RN
Nurse Consultant I
Mental Health Licensure & Certification Section

Cc: Trey Suttan, Interim Director, Cardinal Innovations LME/MCO
Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO
File