Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL080-122 | A. BUILDING: _____ B. WING _____ | 11/28/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CHANCES GROUP HOME | 712 WEST FISHER STREET 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<br><br>An annual survey was completed on November 28, 2018. A deficiency was cited.<br><br>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<br><br>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN<br>(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.<br>(d) The plan shall include:<br>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;<br>(2) strategies;<br>(3) staff responsible;<br>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;<br>(5) basis for evaluation or assessment of outcome achievement; and<br>(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 | DHSR - Mental Health<br>DEC 21 2018<br>Lic. & Cert. Section | |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: President — (X6) DATE: 12-10-18

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| V 112 | Continued From page 1<br><br>This Rule is not met as evidenced by:<br>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 #1). The findings are:<br><br>Review on 11/28/18 of Client #1's record revealed:<br>-Admission date of 8/28/18;<br>-Diagnoses of Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Conduct Disorder, Reactive Attachment Disorder, Neglect of Child, Child Sexual Abuse Victim Suspected, Child Sexual Abuse Perpetrator;<br>-14 year old male;<br>-History of sexualized behaviors and charges of crimes against nature and secondary sexual offense but no conviction;<br>-Comprehensive Clinical Assessment Addendum from a previous provider dated 6/12/18 revealed: " ...Engaged in sexually inappropriate boundaries with a younger foster child ...foster parent had walked into [Client #1]'s bedroom and found [Client #1] with his pants down and the other foster child about to perform oral sex ...there are concerns that [Client #1] is in need of a more intensive services to address sexualized behaviors so that [Client #1] does not continue to be a harm to his peers ..."<br>-Treatment plan dated 8/13/18 did not include treatment strategies to address Client #1's history of sexualized behaviors.<br><br>Interview on 11/28/18 with the Licensee revealed:<br>-Client #1 receives weekly therapy with a licensed therapist trained to work with sexually aggressive/sexually reactive youth;<br>-All residential staff have been trained to work | V 112 | Upon Entrance into facility case mgr will interview client and review all goals. we will then ensure all goals meet clients needs.<br>we have updated his goals and made sure they reflect his needs. | 11/29/18 |

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| V 112 | Continued From page 2<br>with sexually aggressive/sexually reactive youth;<br>-A treatment plan goal will be developed for Client #1's treatment plan. | V 112 | | |