

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL014-087	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/04/2019
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NAME OF PROVIDER OR SUPPLIER THE LANDING	STREET ADDRESS, CITY, STATE, ZIP CODE 2419 MORGANTON BOULEVARD LENOIR, NC 28645
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on February 4, 2019. 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 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire and disaster drills were held at least quarterly and repeated for each shift. The findings are:</p> <p>Review on 2/1/19 of the fire and disaster drill log revealed: -No fire drills were conducted: -1st and 2nd shift weekend during 2nd quarter,</p>	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 114	<p>Continued From page 1</p> <p>2018 (April-June) and 4th quarter, 2018 (October-December);</p> <p>-No disaster drills were conducted:</p> <ul style="list-style-type: none"> -1st shift weekend during 2nd quarter, 2018 (April-June), 3rd quarter, 2018 (July-September) and 4th quarter (October-December). <p>Interviews on 1/31/19 with Clients #1, #2 and #3 revealed:</p> <ul style="list-style-type: none"> -Fire and disaster drills were conducted every month; -They were familiar with the meeting place outside of the facility for the fire drills; -Different types of disaster drills were done through the year such as tornado, power outage and a medical emergency drill. <p>Interviews on 1/31/19 with the Facility Supervisor/Qualified Professional (QP #1) and the Training and Development Staff/QP #2 revealed:</p> <ul style="list-style-type: none"> -There was no first shift at the facility during the weekdays as clients were at their day program or school; -During the weekdays, there was one shift from 2:00 pm-11:00 pm and another shift from 11:00 pm-9:00 am with staff from the latter shift responsible for getting the clients ready for and transporting them to their day program and school facility in the mornings; -During the weekends, first shift was from 9:00 am-9:00 pm and 2nd shift was from 9:00 pm to 9:00 am. 	V 114		
V 297	<p>27G .1705 Residential Tx. Child/Adol - Req. for L P</p> <p>10A NCAC 27G .1705 REQUIREMENTS OF LICENSED PROFESSIONALS</p>	V 297		

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V 297	<p>Continued From page 2</p> <p>(a) Face to face clinical consultation shall be provided in each facility at least four hours a week by a licensed professional. For purposes of this Rule, licensed professional means an individual who holds a license or provisional license issued by the governing board regulating a human service profession in the State of North Carolina. For substance-related disorders this shall include a licensed Clinical Addiction Specialist or a certified Clinical Supervisor.</p> <p>(b) The consultation specified in Paragraph (a) of this Rule shall include:</p> <p>(1) clinical supervision of the qualified professional specified in Rule .1702 of this Section;</p> <p>(2) individual, group or family therapy services; or</p> <p>(3) involvement in child or adolescent specific treatment plans or overall program issues.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure at least four hours a week of client therapy with clinical supervision was conducted in the facility. The findings are:</p> <p>Review on 2/1/19 of Client #1's record revealed: Date of admission: 7/20/18 Diagnoses: Conduct Disorder-childhood onset, Special Learning Disorder with impairment in mathematics Age: 17 -Client #1 struggled with anger issues and uncertainty about his plans in his transition to adulthood; -A goal contained in Client #1's 7/20/18 treatment</p>	V 297		

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V 297	<p>Continued From page 3</p> <p>plan was to participate in individual and group therapy 4 days a week with a licensed therapist providing individual and group therapy sessions.</p> <p>Review on 2/1/19 of Client #2's record revealed: Date of admission: 8/3/18 Diagnoses: Generalized Anxiety Disorder, Enuresis, Attention-Deficit Disorder (ADD), and Other circumstances related to child abuse Age: 14 -Client #2 struggled with anxiety, anger, impulse control, and compliance with the treatment program; -A goal contained in Client #2's 7/24/18 treatment plan was to express himself in a healthy manner by participation in weekly individual and group therapy with a licensed therapist.</p> <p>Review on 2/1/19 of Client 33's record revealed: Date of admission: Oppositional Defiant Disorder (ODD), Conduct Disorder-childhood onset, Other circumstances related to child abuse, Tobacco Use Disorder, Traumatic Brain Injury, and Major Depression Age: 14 -Client #3 struggled with anger issues, depression and medication compliance; -A goal contained in Client #3's 1/9/19 treatment plan was to control his anger with staff strategies to assist Client #3 in processing feelings, emotions and situations that caused him stress.</p> <p>Review of the Licensed Professional Counselor (LP)'s Time Log for the facility revealed: -10/29/18-11/2/18, 3.75 hours; -11/19/19-11/23/18, 3 hours; -12/31/18-1/2/19, 3.50 hours; -1/8/19-1/9/19, 3 hours -1/16/19-1/29/19, hours not made available for review upon request.</p>	V 297		

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V 297	<p>Continued From page 4</p> <p>Interviews on 1/31/19 with Clients #1, #2 and #3 revealed: -A therapist came to the home 1-2 times per week for individual and group therapy; -The therapist stayed about 1 or 2 hours each time she came to the facility; -There was a new therapist who started coming to the home in 12/2018.</p> <p>Interview on 2/4/19 with the Facility Director revealed: -A former therapist left the end of 10/2018 or first part of 11/2018 and another therapist came in to provide therapy for about a month; -The therapist who was there now began providing the clients with their individual and group therapy about 1-2 months ago and her total time spent in the facility varied according to client needs; -The therapist was in a counseling session and was not available to provide her time log for 1/16/19 through 1/29/19.</p>	V 297		