

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 02/12/2019
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 follow up survey was completed on 2-12-19. 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 293	27G .1701 Residential Tx. Child/Adol - Scope 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall require the following: (1) removal from home to a community-based residential setting in order to facilitate treatment; and (2) treatment in a staff secure setting. (e) Services shall be designed to: (1) include individualized supervision and structure of daily living; (2) minimize the occurrence of behaviors	V 293		

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

TITLE

(X6) DATE

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V 293	<p>Continued From page 1</p> <p>related to functional deficits;</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to provide services only for the scope of the program, effecting 2 of 2 clients (#1 and #2). The findings are:</p> <p>Review on 2-7-19 of client #1 revealed: -Admitted 2-4-19 -Diagnoses of Conduct disorder, Specified anxiety disorder, Post Traumatic Stress Disorder, unspecified Attention Deficit Disorder -18 years old</p> <p>Review on 2-7-19 of client #2's record revealed: -Admitted 1-28-19 -Diagnoses of Disruptive Mood Dysregulation</p>	V 293		

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V 293	Continued From page 2 Disorder, Generalized anxiety disorder, Post traumatic Stress Disorder, Attention Deficit Disorder -18 years old Interview on 2-7-19 with the Director revealed: -She was aware that the clients were 18. -Both clients had signed agreements with their county department of social services so that they could continue to receive services. -She thought that she could serve them. -She didn't know she needed a waiver in order to serve clients that were out of the scope of the facility but she would start the process to get them.	V 293		