STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE ( A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL060-776	B. WING		06/	18/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
NEW PLA	CE		JLCONBRIDGE R	OAD		
		CHARLO	OTTE, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	The complaint was ur #NC152071). Deficient This facility is license category: 10A NCAC	as completed on 6/18/19. Insubstantiated (Intake noies were cited.  Insubstantiated of the following service and service are for Adolescents and service and service and service are for Adolescents are for Adolescents are for Adolescents and service are for Adolescents are for A				
V 293	27G .1701 Residentia	al Tx. Child/Adol - Scope	V 293			
	children or adolescen free-standing residen intensive, active there interventions within a shall not be the prima who is not a client of (b) Staff secure meal awake during client si shall be continuous a this Section.  (c) The population se adolescents who have mental illness, emotion substance-related disco-occurring disorder disabilities. These chance the following:  (d) The children or an arequire the following:  (1) removal from community-based residuilitate treatment; and (2) treatment in (e) Services shall be	treent staff secure facility for ts is one that is a stial facility that provides apeutic treatment and system of care approach. It in residence of an individual the facility. In staff are required to be deep hours and supervision is set forth in Rule .1704 of the extraction of the aprimary diagnosis of the extraction of the extractio				

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		MHL060-776	B. WING		0.0	6/18/2019
					0	0/10/2019
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
NEW PLA	CE		ULCONBRIDGE RO OTTE, NC 28227	IAU		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CO	ORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	COMPLETE DATE
V 293	related to functional d (3) ensure safe control behaviors inclumanagement with or v (4) assist the chacquisition of adaptive communication, socia (5) support the gaining the skills need intensive treatment set (f) The residential tre shall coordinate with the control of the safe contro	e occurrence of behaviors eficits; ty and deescalate out of uding frequent crisis without physical restraint; nild or adolescent in the e functioning in self-control, and recreational skills; and child or adolescent in ded to step-down to a less etting.	V 293			
	clients (#2, #3 and #4  Review on 6/11/19 of -ad,mission date of 2/ -diagnoses of Opposi Attention Deficit Hype Unspecified Trauma; -admission assessme	iews, interviews and lity failed to ensure nuous affecting 3 of 4 ). The findings are: client #2's record revealed: 25/19; tional Defiant Disorder, tractivity Disorder and ent dated 2/25/19 displayed aggression,				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL060-776	B. WING		06/18/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NEW PLA	CF.	5601 FAUL	CONBRIDGE F	ROAD		
NEW I EA		CHARLOT	ΓE, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 293	Continued From page	2	V 293			
	<ul> <li>-admission date of 12 diagnoses of Post Tra Learning Disability;</li> <li>-admission assessment</li> </ul>	ent dated 12/19/18 physical, sexual abuse and				
	Observations on 6/11/19 revealed the following: -computer room off the conference room; -1:30pm: clients #2, #3 and #4 along with a sister facility female client in the computer room without staff with closed door; -1:55pm clients #2, #3 and #4 along with sister facility female client still in computer room with no staff and door shut; -2:05pm client #4 came out of room dancing, spoke to client #1 in conference room and went back in computer room and shut door, no staff; -2:10pm 4 clients still in computer room, door shut, no clients; -2:20pm client #4 left out of computer room,					
	walked to front office; -2:23pm client #4 wal computer room, shut -2:25pm House Mana conference room to a check on clients in co -2:27pm House Mana conference room and compute room, door s -2:29pm House Mana and did not check on still no staff in comput -2:30pm client #3 slar room, walks to a corn someone is "talking s #4 walks out of comp area of office, client #	ked back and re-entered door, still no staff; ager walks through nother area of office, did not imputer room; ager walked back through did not check on clients in still shut to computer room; ager walks through again clients in computer room,				

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL060-776	B. WING		06/18/2019	
NAME OF PROVIDER OR SUPPLIER STREET ADDR				TE, ZIP CODE		
NEW PLA	CE		CONBRIDGE I TE, NC 28227	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLET	Έ
V 293	room and shut door, s-2:35pm client #3 and computer room; -2:40pm LP(licensed computer room ,open clients.  Interview on 6/11/19 oclients are not suppose room with no staff with licensee.  Interview on 6/18/19 och -clients are not supposed interviewed for -clients are not supposed with door shut and not supposed in the supposed in t	owards front of office; I client #4 re-enter computer still no staff; I client #4 come out of  Professional) goes to s door and checks on  with client #1 revealed sed to be in the computer h the door shut per the  with the Licensee revealed: ght the clients were still the survey; sed to be in computer room o staff; arental locks and certain	V 293			
V 296	telephone or page. A able to reach the facil times. (b) The minimum nur required when childre present and awake is (1) two direct cone, two, three or fou	MINIMUM STAFFING sional shall be available by direct care staff shall be ity within 30 minutes at all mber of direct care staff or or adolescents are as follows: are staff shall be present for or children or adolescents; care staff shall be present	V 296			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL060-776	B. WING		06/18/2019	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE	1 00/10/2010	
NEW PLA	CE	5601 FAL	JLCONBRIDGE F	ROAD		
NEW PLA	<u> </u>	CHARLO	TTE, NC 28227			
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
V 296	Continued From page	e 4	V 296			
	(3) four direct of nine, ten, eleven or to adolescents. (c) The minimum nur during child or adolest follows: (1) two direct of and one shall be award children or adolescent (2) two direct of and both shall be award children or adolescent (3) three direct of which two shall be asleep for nine, ten, eadolescents. (d) In addition to the care staff set forth in Rule, more direct car the facility based on to individual needs as splan. (e) Each facility shall supervision of children are away from the facility or adolescent's needs as specified in	care staff shall be present for velve children or mber of direct care staff scent sleep hours is as are staff shall be present ke for one through four this; are staff shall be present ake for five through eight this; and care staff shall be present awake and the third may be eleven or twelve children or minimum number of direct Paragraphs (a)-(c) of this e staff shall be required in the child or adolescent's pecified in the treatment.  The responsible for ensuring nor adolescents when they cility in accordance with the individual strengths and the treatment plan.				
	failed to ensure two present for one, two,	and interviews, the facility				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL060-776	B. WING		06/18/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
NEW PLA	CE		LCONBRIDGE I	ROAD		
			TE, NC 28227			_
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	Ē
V 296	Continued From page	÷ 5	V 296			
		19 at 12:38pm revealed staff #4 in the facility and no				
	Observation on 6/11/19 at 12:45pm the House Manager arrived at the facility.  Interview on 6/11/19 with client #4 revealed: -here with staff #1; -staff #1 taking her to her new job to complete some paperwork.  Interview on 6/11/19 with staff #1 revealed: -the Home Manager just left; -Home Manager will be right back; -together plan to take client #4 to her job site.  Interview on 6/18/19 with the licensee revealed: -always have two staff on each shift scheduled; -Home Manager had just left facility,; -talk to staff all the time to never leave one staff at facility with any clients; -Home Manager and staff #1 were trying to leave all together with clients #1, #2, #3 and #4; -client #4 forgot something, Home Manager and other clients left, Home Manager planned to go					
	right back to the facili	ty for staff #1 and client #4; effort to meet the staffing				
	This deficiency consti and must be correcte	tutes a re-cited deficiency d within 30 days.				

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