

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-371	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/01/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GREEN LEVEL III	STREET ADDRESS, CITY, STATE, ZIP CODE 2 COMPTON DRIVE ASHEVILLE, NC 28806
--	---

(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	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on July 1, 2019. The complaint was unsubstantiated (Intake #NC00152984). A deficiency was 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 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-371	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/01/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GREEN LEVEL III	STREET ADDRESS, CITY, STATE, ZIP CODE 2 COMPTON DRIVE ASHEVILLE, NC 28806
--	---

(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 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to revise the treatment plan to develop and implement strategies and goals in partnership with the client or legally responsible person affecting 2 of 3 clients (Clients #2 and #3). The findings are:</p> <p>Review on 6/27/19 of Client #2's record revealed: -admission date 6/3/19. -diagnoses of Disruptive Mood Dysregulation Disorder, and other specified Trauma and Stressor Disorder.</p> <p>Review on 6/26/19 of incident reports involving Client #2 revealed: -6/18/19 - she put on her shoes and began to walk around the perimeter of the cottage. When staff attempted to re-direct her to go inside the cottage, she quickly walked away. She was eventually able to return to the cottage. At the end of the night she opened her window to see if the alarm would go off. -6/23/19 - she was escalated in cottage; being disrespectful and throwing items. She took space on the porch and was reminded this was not allowed. After numerous prompts to come back inside, she and a peer took off quickly and started running off campus into the woods.</p> <p>Review on 6/27/19 of Client #2's addendum to Comprehensive Clinical Assessment (CCA) dated 6/24/19 revealed: -"...consistent pattern of regression since her step-down to level III...engaged in multiple high risk behaviors including refusing to re-enter the cottage, and running off campus, when escalated</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-371	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/01/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GREEN LEVEL III	STREET ADDRESS, CITY, STATE, ZIP CODE 2 COMPTON DRIVE ASHEVILLE, NC 28806
--	---

(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 112	<p>Continued From page 2</p> <p>she will walk out of the cottage and refuse to return, ran on 6/23/19 and has not returned..."</p> <p>Review on 6/27/19 of Client #2's Person-Centered Profile (PCP) dated 5/9/19 revealed: -goals were last reviewed 5/23/19. -it was not revised since her admission to the level 3 cottage. -it was not revised to reflect her high risk behaviors of refusing to re-enter the cottage and running off campus behaviors.</p> <p>Review on 6/27/19 of Client #3's record revealed: -admission date 6/6/19. -diagnoses of Oppositional Defiant Disorder and Attention-Deficit Hyperactivity Disorder, combined type.</p> <p>Review on 6/26/19 of incident reports involving Client #3 revealed: -6/11/19 - he engaged with another client who was off-task and escalating. He walked away from the group home and continued to engage with the escalated student. He ran off campus and collected unsafe items. He communicated he intended to self-harm with these items. The client's unsafe behaviors lasted four hours before he was involuntarily committed. -6/18/19 - the day he returned from the hospital. He engaged with another client that was off-task and walked to the perimeter of the campus. Staff provided prompts and check-ins and was able to get client back to the cottage. He walked away from the cottage two more times due to being escalated by various triggers and eventually was in bed by the nights end.</p> <p>Review on 6/27/19 of Client #3's CCA dated 5/22/19 revealed:</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-371	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/01/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GREEN LEVEL III	STREET ADDRESS, CITY, STATE, ZIP CODE 2 COMPTON DRIVE ASHEVILLE, NC 28806
--	---

(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 112	<p>Continued From page 3</p> <ul style="list-style-type: none"> -he engaged in running behaviors while at a previous facility. -he had a history of running away from his home. <p>Review on 6/27/19 of Client #3's PCP last updated 5/23/19 revealed:</p> <ul style="list-style-type: none"> -he had difficulty expressing his emotions appropriately and displayed running away behaviors. -it was not revised since his admission to the level 3 cottage. -it was not revised to reflect new strategies in attempt to resolve his running behaviors. <p>Interviews on 6/26/19 and 6/27/19 with the Qualified Professional and Residential Director revealed:</p> <ul style="list-style-type: none"> -Clients #2 and #3 were discussed in treatment team meetings and staff meetings. -there had been no child-family treatment team meetings since being admitted to a level III and/or after both clients displayed high risk behaviors and ran away. 	V 112		