PRINTED: 07/22/2019 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	(X3) DATE SURVEY COMPLETED		
		MHL013090	B. WING		07/11/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATI	E, ZIP CODE		
TOURNA	AENT OTREET	174 TOU	RNAMENT DRIVE	sw		
IOURNAI	MENT STREET	CONCOR	RD, NC 28027			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)	
PRÉFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)		
V 000	INITIAL COMMENTS		V 000			
	An annual survey was deficiency was cited.	s completed on 7/11/19. A				
		d for the following service .1700 Residential Treatment				
V 296	27G .1704 Residentia Staffing	al Tx. Child/Adol - Min.	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 four (2) three direct for five, six, seven or adolescents; and (3) four direct conine, ten, eleven or two adolescents. (c) The minimum nur during child or adoles follows: (1) two direct con and one shall be away children or adolescent (2) two direct con and both shall be away children or adolescent (3) the fact that the fact of the fact that the fact	sional shall be available by direct care staff shall be ity within 30 minutes at all on the or adolescents are as follows: are staff shall be present for a children or adolescents; care staff shall be present eight children or are staff shall be present for a children or a care staff shall be present for a care staff shall be present for a care staff shall be present for a care staff shall be present shall be present ke for one through four tas; are staff shall be present take for five through eight tas; and				
	of which two shall be	care staff shall be present awake and the third may be leven or twelve children or				

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

(X6) DATE TITLE

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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	
		MHL013090	B. WING		07/11	1/2019
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STAT	PRESS, CITY, STATE, ZIP CODE		
TOURNA	AENT OTDEET	174 TOUR	RNAMENT DRIVE	E SW		
TOURNA	MENT STREET	CONCOR	D, NC 28027			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
V 296	care staff set forth in Rule, more direct care the facility based on t individual needs as splan. (e) Each facility shall supervision of childre are away from the face	minimum number of direct Paragraphs (a)-(c) of this e staff shall be required in he child or adolescent's pecified in the treatment be responsible for ensuring n or adolescents when they cility in accordance with the individual strengths and	V 296			
	number of staff requir clients (Clients #1, #2 Review on 7/10/19 of - Admission date of 6 - Diagnoses of Condu Attention-Deficit Hype Unspecified Trauma I Review on 7/10/19 of - Admission date of 5 - Diagnoses of Disrup Disorder	ews, observation and failed to have the minimum red, affecting 3 of 3 current red, and #3). The findings are: Client #1s record revealed: //22/19 uct Disorder, reactivity Disorder, THC Use; Disorder Client #2's record revealed: //29/19 btive Mood Dysregulation Client #3's record revealed: //6/19				

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 174 TOURNAMENT DRIVE SW CONCORD, NC 28027 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) B. WING	2019
TOURNAMENT STREET 174 TOURNAMENT DRIVE SW CONCORD, NC 28027 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE	
	(X5) COMPLETE DATE
V 296 Review on 7/11/19 of Staff #1's record revealed: - Hire date of 8/10/13 - Associate Professional - Review on 7/11/19 of Staff #2's record revealed: - Hire date of 8/4/17 - Residentall Counselor - Review on 7/11/19 of Staff #3's record revealed: - Hire date of 1/3/07 - Residentall Counselor - Review on 7/11/19 of The Qualified Professional's (QP) record revealed: - Hire date of 6/19/14 - Review on 7/11/19 of The Qualified Professional's (QP) record revealed: - Hire date of 6/19/14 - Observation on 7/10/19 at approximately 2:30pm revealed: - 1 staff was alone in the facility with 3 clients - Clients #1, #2 and #3 were in the livingroom playing on video game - Staff #3 arrived to the facility aprroximately 30 minutes later - Interview on 7/10/19 with Client #1 revealed: - There were usually two staff working in the facility. Only one staff was there today because they were supposed to be in camp, but they had to go to a doctor's appointment. - Interview on 7/10/19 with Client #2 revealed: - Two staff normally worked in the facility at one time. One staff was working "I guess because I had an orthodontics appointment and was gone all day." - Interview on 7/10/19 with Client #3 revealed:	

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- They normally had two staff working. One staff

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED	
MHL013090		B. WING		07/11/2019		
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		174 TOUR	NAMENT DRIV	E SW		
TOURNAM	MENT STREET	CONCORE	, NC 28027			
(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 296	Continued From page	3	V 296			
	was working because a client had an appointment. They would normally be at camp. Staff #1 had to take to the appointment. Interview on 7/10/19 with Staff #1 revealed: - Client #2 had an appointment to go to that was 2 hours away. The clients normally would have been in camp and he was only supposed to take just client #2, but somehow ended up with all the clients There were normally two staff working. Staff #2 works 2nd shift and normally comes in around 3pm.					
	- Today, there was on	vith Staff #2 revealed: e staff working when he mally worked. Today, Client nt.				
	Interview on 7/11/19 v - There were normally					
	the facilit. "Something thathad to be a mix	why there was one staff in g had to go wrong with				
	QP - He would check with happened. "I will add immediately."	staff to see what				
	- There was a schedu	• •				

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