July 20, 2019

If continuation sheet 1 of 4

Director

M2B911

STATE FORM

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 07/03/2019 B. WING _ MHL026-952 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDEROR SUPPLIER 4528 CHAMBERSBURG ROAD **ADRIENNE'S HOUSE FAYETTEVILLE, NC 28314** PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSCIDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 000 V 000 INITIAL COMMENTS A complaint survey was completed on July 3, 2019. The complaint was substantiated (intake RECEIVED #NC00152887). A deficiency was cited. By DHSR - Mental Health Lic. & Cert. Section at 2:49 pm, Aug 20, 2019 This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. V 293 V 293 27G .1701 Residential Tx. Child/Adol - Scope SCOPE 10A NCAC 27G .1701 (a) A residential treatment staff secure facility for 07/20/19 The QP or a designated person will inform children or adolescents is one that is a the legal guardian or family member prior free-standing residential facility that provides to any movement during their team intensive, active therapeutic treatment and meeting and the day of the move. 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: removal from home to a community-based residential setting in order to facilitate treatment; and treatment in a staff secure setting. (e) Services shall be designed to: include individualized supervisionand (1) structure of daily living; Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER PEPRESENTATIVE'S SIGNATURE (X6) DATE TITLE

Division of	of Health Service Re	gulation			T(V2) DATE S	UDVEV				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED					
AND PLAN	OF CORRECTION	IDENTIFICATION NOMBER	A. BUILDING: _							
MHL026-952		MHL026-952	B. WING		07/03/2019					
NAME OF E	PROVIDEROR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE						
4528 CHAMBERSBURG ROAD										
ADRIEN	ADRIENNE'S HOUSE FAYETTEVILLE, NC 28314									
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSCIDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE				
V 293	Continued From pa	age 1	V 293							
	(2) minimize related to functiona (3) ensure so control behaviors in management with (4) assist the acquisition of adapt communication, so (5) support to gaining the skills mintensive treatment (f) The residential shall coordinate wagencies within the of care. This Rule is not me	the occurrence of behaviors all deficits; afety and deescalate out of including frequent crisis or without physical restraint; e child or adolescent in the otive functioning in self-control, ocial and recreational skills; and the child or adolescent in eeded to step-down to a less at setting. It is setting treatment staff secure facility ith other individuals and e child or adolescent's system are the as evidenced by:								
	Based on record r failed to coordinat the child or adoles	review and interviews the facilit se with other individuals within scent's system of care for one o								
	one former client	(FC) #4). The findings are:								
	 - 13 year old male - Admission date - Transfer to a sis (Saturday). - Diagnoses of Att Disorder-Combine 	07/30/18. ter facility effective06/15/19 tention Deficit Hyperactivity ed Presentation, Other								
	Neurodevelopme Defiant Disorder	ntal Disorder, Oppositional and Disruptive Mood								

Division of Health Service Regulation

STATE FORM

	of Health Service Re	egulation (x1) provider/supplier/clia	(X2) MUII TIPI F	CONSTRUCTION	(X3) DATE S	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL026-952	B. WING		07/03	3/2019
NAME OF I	PROVIDEROR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
			AMBERSBURG			
ADRIENI	NE'S HOUSE	FAYETTI	EVILLE, NC 283	314		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID			(X5) COMPLETE
PRÉFIX TAG	(EACH DEFICIENC) REGULATORYORL	Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIATE		DATE
IAG				DEFICIENCY)		
V 293	Continued From pa	age 2	V 293			
	Dysregulation Disorder					
	07/02/4	. •				
	Review on 07/03/1	9 of a facility "Internal er" signed by the Director and				
	dated 06/03/19 rev	vealed:				
	- "[FC #4] will be to	ansferred from Adrienne's				
	House which is loc	cated at 4528 Chambersburg				
	Rd. (road) to the	Sister Facility] which is an /eCare. This facility is located				
	at leister facility as	Idress], this move was				
	discussed during a	previous CFT (Child and Family	,			
	Team) meeting with	th the consumer and his father				
	based on age diffe	erence and bullying behaviors				
	that the consumer	had been displaying. Once the)			
	bed became avail	able the move would be				
	conducted based	on compatibility."				
	Interview on 07/03	3/19 FC #4 stated:				
	- He was 13 years	s old.				
	- He had lived with	nin the agency for approximate	У			
	one year.	one year.				
		of the date he wastransferred				
	to the sister facility	y. o a sister facility due to hisage				
	- He was flowed t	ell at the new facility.				
	Interview on 07/03	3/19 FC #4's guardian stated:				
	- A facility transfer	had been discussed several				
	months ago for F	of the transfer was mentioned	1			
	- No specific date	the facility on the weekend of				
	06/15/19 and 06/1	16/19 and discovered FC #4 ha	d l			
	been transferred.	70, 70 4.74 4.000 70.04				
	- The guardian no	or her husband was aware FC				
	#4 had been trans	sferred to the sister facility until				
	thev called.		1			
	- She was concer	ned FC #4 was transferred and	t			
	the guardian had	to find out by calling the facility	·			
	Intentiew on 07/0	3/19 the Administrative Staff				
		or is the manimistrative otali	ı			

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: ___ 07/03/2019 B. WING MHL026-952 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4528 CHAMBERSBURG ROAD **ADRIENNE'S HOUSE FAYETTEVILLE, NC 28314** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORYORLSCIDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 293 Continued From page 3 stated: - The facility typically had clients from 8 to 12/13 years old. - FC #4 had been bullying others and a transfer was made to a sister facility with olderclients. - The transfer had been discussed FC#4's guardian and care coordinator. - FC #4 was transferred to a sister facility on the weekend. - She was told by staff FC #4's guardian was notified of the sister facility demographics when she called. - She understood coordination with the guardian should be made when a transfer was completed.

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