

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-169	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/05/2019
--	---	--	---


NAME OF PROVIDER OR SUPPLIER JUST IN TIME YOUTH SERVICES II	STREET ADDRESS, CITY, STATE, ZIP CODE 111 DOGWOOD DRIVE BURLINGTON, NC 27215
---	--

(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 An annual and complaint survey was completed on August 5, 2019. The complaint was unsubstantiated (Intake #NC00154312). Deficiencies were cited.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies at least quarterly and repeated for each shift. The findings are: Record review on 8/5/19 of the facility's fire drill	V 114		

RECEIVED
By DHSR - Mental Health Lic. & Cert. Section at 4:03 pm, Aug 20, 2019

JITYS operated on 12 hours shifts but recently (Beginning of January) switched to 8 Hour shift. Staff was unaware of a drill needed to be completed on each shift. During our Monthly staff meeting the director will advise all staff that there needs to be a drill completed on all shifts.

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE Hase Myer	(X6) DATE 8-19-19
--	--	--------------------	----------------------

Division of Health Service Regulation

STATE FORM

6899

UJUX11

If continuation sheet 1 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-169	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/05/2019
NAME OF PROVIDER OR SUPPLIER JUST IN TIME YOUTH SERVICES II		STREET ADDRESS, CITY, STATE, ZIP CODE 111 DOGWOOD DRIVE BURLINGTON, NC 27215			
(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

Division of Health Service Regulation

<p>V 114</p>	<p>Continued From page 1</p> <p>log revealed the following:</p> <ul style="list-style-type: none"> -7/20/19- 2nd shift. -7/6/19- 1st shift. -6/30/19- 1st shift. -6/15/19- 3rd shift. -5/7/19- 3rd shift. -4/15/19- 3rd shift. -4/5/19- 1st shift. -3/30/19- 2nd shift. -3/14/19- 2nd shift. -3/1/19- 3rd shift. -2/23/19- 3rd shift. -2/11/19- 3rd shift. -2/3/19- 1st shift. -1/20/19- 1st shift. -1/18/19- 2nd shift. -1/7/19- 1st shift. <p>-For the fourth quarter of 2018, there were no documentation that fire drills had been performed.</p> <p>-For the second quarter of 2019, there were no fire drills for 2nd shift.</p> <p>Record review on 8/5/19 of the facility's disaster drill log revealed the following:</p> <ul style="list-style-type: none"> -7/10/19- 2nd shift. -5/18/19- 2nd shift. - 4/11/19- 2nd shift. -3/30/19- 2nd shift. -3/19/19- 2nd shift. -2/23/19- 3rd shift. -1/26/19- 1st shift. -1/18/19- 2nd shift. -1/12/19- 2nd shift. <p>-For the fourth quarter of 2018, there were no documentation that disaster drills had been performed.</p> <p>-For the second quarter of 2019, there were no disaster drills for 1st and 3rd shift.</p>	<p>V 114</p>			
--------------	--	--------------	--	--	--

<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-169</p>	<p>(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____</p>	<p>(X3) DATE SURVEY COMPLETED 08/05/2019</p>	
<p>NAME OF PROVIDER OR SUPPLIER JUST IN TIME YOUTH SERVICES</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE 111 DOGWOOD DRIVE BURLINGTON, NC 27215</p>		
<p>(X4) ID PREFIX TAG</p>	<p>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</p>	<p>ID PREFIX TAG</p>	<p>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</p>	<p>(X5) COMPLETE DATE</p>

Division of Health Service Regulation

<p>V 114</p>	<p>Continued From page 2</p> <p>Interview on 8/5/19 with the Program Manager revealed:</p> <ul style="list-style-type: none"> -Facility operated under three shifts. -First shift was from 7:00 am to 3:00 pm. -Second shift was from 3:00 pm to 11:00 pm. -Third shift was from 11:00 pm to 7:00 am. - <p>Fire and disaster drills log had been kept at the office.</p> <p>-He believed all drills had been performed accordingly, but had some trouble locating the logs.</p> <p>-He confirmed staff failed to conduct drills under conditions that simulate fire and disaster emergencies under each shift on each quarter.</p>	<p>V 114</p>	
<p>V 700</p>	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure facility grounds were maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 8/5/19 at 12:15 PM of the Dining area revealed: -Blue carpet was wrinkled and posing as a trip hazard.</p> <p>Observation on 8/5/19 at 12:18 PM of the Seating</p>	<p>V 700</p>	<p>JITYS has hired contracted painters to come and paint the walls, we will also put down additional floor protection on the rug where there is high traffic to prevent further rug damage. JITYS will continue to shampoo the carpet quarterly. The toilet seat has been replaced to assure the clients safety.</p>

<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-169</p>	<p>(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____</p>	<p>(X3) DATE SURVEY COMPLETED 08/05/2019</p>	
<p>NAME OF PROVIDER OR SUPPLIER JUST IN TIME YOUTH SERVICES</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE 111 DOGWOOD DRIVE BURLINGTON, NC 27215</p>		
<p>(X4) ID PREFIX TAG</p>	<p>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</p>	<p>ID PREFIX TAG</p>	<p>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</p>	<p>(X5) COMPLETE DATE</p>

Division of Health Service Regulation

<p>V 736</p>	<p>Continued From page 3</p> <p>area revealed:</p> <ul style="list-style-type: none"> -Corner wall between seating area and dining room had stains and paint peeling off. -Carpet was stained at numerous spots. <p>-Observation on 8/5/19 at 12:25 PM of client #1's bedroom revealed:</p> <ul style="list-style-type: none"> -Door frame had paint peeling off. <p>Observation on 8/5/19 at 12:30 PM of stairs leading upstairs revealed:</p> <ul style="list-style-type: none"> -Handrail was discolored and paint peeling off. -Corner of wall had paint peeling off. -Carpet was dirty and stained at numerous locations. <p>Observation on 8/5/19 at 12:35 PM of client #6's bedroom revealed:</p> <ul style="list-style-type: none"> -Several fixed but unpainted patches on the wall. -Door was stained and broken on the bottom. <p>Observation on 8/5/19 at 12:38 PM of the upstairs bathroom revealed:</p> <ul style="list-style-type: none"> -Toilet seat's paint has faded away. <p>Observation on 8/5/19 at 12:41 PM of clients #2 and #4's bedroom revealed: -Several stains on the carpet.</p> <p>Observation on 8/5/19 at 12:45 PM of client #5's bedroom revealed:</p> <ul style="list-style-type: none"> -Several fixed but unpainted patches on the wall. -Carpet had several stains. -There was a crack on the door. <p>Interview on 8/5/19 with the Program Manager revealed:</p> <ul style="list-style-type: none"> -He was aware that the carpets were stained at different places. -He was aware that the facility needed to be 	<p>V 736</p>			
--------------	--	--------------	--	--	--

<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</p> <p>MHL001-169</p>	<p>(X2) MULTIPLE CONSTRUCTION</p> <p>A. BUILDING: _____</p> <p>B. WING: _____</p>	<p>(X3) DATE SURVEY COMPLETED</p> <p>08/05/2019</p>	
<p>NAME OF PROVIDER OR SUPPLIER</p> <p>JUST IN TIME YOUTH SERVICES</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE</p> <p>111 DOGWOOD DRIVE</p> <p>BURLINGTON, NC 27215</p>		
<p>(X4) ID PREFIX TAG</p>	<p>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</p>	<p>ID PREFIX TAG</p>	<p>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</p>	<p>(X5) COMPLETE DATE</p>

Division of Health Service Regulation

V 736	Continued From page 4 repainted. -He was aware that the toilet seat in bathroom needed to be changed. -Facility was responsible for doing maintenance. -Facility normally rented carpet cleaning equipment and shampooed the carpets, but stains reappeared soon after. -He had toilet seat ready to be placed in the bathroom. -He confirmed the facility grounds were not maintained in a safe, clean, attractive and orderly manner.	V 736		
-------	---	-------	--	--



JUST IN TIME YOUTH SERVICES

111 Dogwood Dr. Burlington, NC 27215
Phone # (336)270-4578 Fax # (336)270-4578
1710 Sykes St. Burlington, NC 27215
Phone # (336)261-7148 Fax# (336)270-4578

Fax Cover Sheet

To: Susan McNickle

Fax #: 919-715-8078

From: Just in Time Youth Services

Date: 8-26-18

Re: _____

Comment: Here is the Plan of Correction for
111 Dogwood Dr.