

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-268	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/22/2019
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NAME OF PROVIDER OR SUPPLIER BELMONT HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 927 FLOYD LANE GASTONIA, NC 28052
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(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 limited follow up survey for the Type A1 was completed on August 22, 2019. This was a limited follow up survey, only 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109), 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V111, V112), 10A NCAC 27G .1704 Minimum Staffing Requirements (V296), and General Statute 122C-62 Additional Rights in 24-Hour Facilities (V364) cross referenced to 10A NCAC 27G .1701 Scope (V293) were reviewed for compliance. The following was brought back into compliance: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109), 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V111), 10A NCAC 27G .1704 Minimum Staffing Requirements (V296), and General Statute 122C-62 Additional Rights in 24-Hour Facilities (V364) cross referenced to 10A NCAC 27G .1701 Scope (V293). 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) was re-cited as a standard level deficiency.</p> <p>A limited follow up survey for the Type A2 was also completed. 10A NCAC 27G .0209 Medication Requirements (V118) was reviewed for compliance. The following was brought back into compliance: 10A NCAC 27G .0209 Medication Requirements (V118).</p> <p>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		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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. <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to develop and implement strategies to address the functional deficits of the child affecting 1 of 3 audited clients (Client #3). The findings are:</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>Review on 8/22/19 of Client #3's record revealed: -Admission date 6/21/19; -Diagnoses of Post-Traumatic Stress Disorder; Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactivity Disorder, Unspecified Anxiety Disorder; -15 years old; -Treatment Plan dated 12/20/18 reflected goals and strategies from the previous level four placement as well as a goal to address cooperation "during OT/PT (Occupational Therapy/Physical Therapy) sessions."</p> <p>Interview on 8/22/19 with Client #3 revealed: -Did not participate in OT or PT.</p> <p>Interview on 8/22/19 with the Client #3's Day Treatment Program Director revealed: -Does not offer OT or PT at the Day Treatment location.</p> <p>Interview on 8/22/19 with the Qualified Professional revealed: -Did not know anything about Client #3 receiving OT or PT, but that would be something the Executive Administrator would coordinate.</p> <p>Interview on 8/22/19 with the Executive Director revealed: -Did not revise or update Client #3's treatment plan from the previous level four placement because the level four facility was still Client #3's "clinical home;" -Would ensure Client #3's treatment plan was revised and updated to include goals and strategies provided at the level three placement and will also assess the need for OT and PT services as indicated in the 12/20/18 treatment plan.</p>	V 112		

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V 112	Continued From page 3 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 112		