PRINTED: 09/26/2019 FORM APPROVED

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL060-538		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
				R 09/26/2019		
			DDRESS, CITY, S			
AE OF PI	ROVIDER OR SUPPLIER	• • • • • • • • • • • • • • • • • • • •	HLAND MIST L			
HLAN	D MIST HOME	CHARLO	OTTE, NC 2821	and the second		
X4) ID REFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLE DATE
V 000			V 000			
	September 26, 2019. survey, only 10A NC. and Treatment/Habili cross referenced to 7 (V293) were reviewe following were broug 10A NCAC 27G .020 Treatment/Habilitation cross referenced to 7 (V293). A deficiency This facility is license	on or Service Plan (V112) 10A NCAC 27G .1701 Scope y was cited. ed for the following service C 27G .1700 Residential				
V 296	Staffing	ial Tx. Child/Adol - Min.	V 296			
	telephone or page. able to reach the fac times. (b) The minimum n	MINIMUM STAFFING A direct care staff shall be cility within 30 minutes at all umber of direct care staff ren or adolescents are				
	oresent and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents;			RECEIVED		
	 (2) three direct for five, six, seven of adolescents; and (3) four direct nine, ten, eleven or adolescents. (c) The minimum Particular Par	ct care staff shall be present or eight children or t care staff shall be present for twelve children or umber of direct care staff		By DHRS-Mental Health Licen	sure at 10:00 am,	Oct 02, 20
ORATOR	leath Service Regulation	RESIDENT STORE HOURS IS AS	URE	TITLE		
		1	6859	Z6DO11	lf co	ntinuation she
/	/ /	/				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-538		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPL	(X3) DATE SURVEY COMPLETED R	
		B. WING			09/26/2019		
	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	IE, ZIP CODE			
	MIST HOME		HLAND MIST LAN OTTE, NC 28218	ie			
	SIMMARYS	TATEMENT OF DEFICIENCIES	1D	PROVIDER'S PLAN OF CO	ORRECTION	(X5) COMPLETE	
(X4) ID PREFIX TAG	/EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	EAPPROPRIATE	DATE	
V 296	Continued From pa	ge 1	V 296				
	follows: (1) two direct	care staff shall be present					
	and one shall be av	vake for one through four				i	
	children or adolescents;						
	(2) two direct care staff shall be present						
	and both shall be awake for five through eight						
	children or adolescents; and						
	(3) three direct care staff shall be present of which two shall be awake and the third may be						
	asleep for nine, ten, eleven or twelve children or						
	adolescents.			1			
	(d) In addition to the minimum number of direct						
	care staff set forth in Paragraphs (a)-(c) of this						
	Rule, more direct care staff shall be required in						
	the facility based on the child or adolescent's individual needs as specified in the treatment						
						1	
	plan. (e) Each facility shall be responsible for ensuring					1	
	supervision of children or adolescents when they						
	are away from the facility in accordance with the						
	child or adolescent's individual strengths and						
	needs as specified	t in the treatment plan.					
				10 0100	the five	Inho	
				WHERO HERON	ill ensung	_! /'/ 	
				12 STAFF Kenner	Presenton	nk -	
	This Rule is not n	net as evidenced by:		aff themphon	Jeach W.		
	Based on interview and observation, the facility			A	E will be	7	
	failed to ensure minimum staffing of two staff members for up to four clients. The findings are:		-	11 4. 23	after with	Hy .	
	members for up to	o tour clients. The tindings are:		20 ADD ACO ACO TA	Les II. and		
	Observation on 9/25/19 at approximately 2:40pm			all starr igoin	- 4		
	revealed:			Mochiels. Fr.	atter Nice	3	
	-One staff member (Staff #4) present with one			at the sills	2 Hors low	1002)	
	client (client #1) in the facility.			stand and STAF	F Zudun	fato	
	1.4	/19 with Client #1 revealed:		that hattoot all	att was hold	un.	

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER:	A. BUILDING:	<u> </u>	R
		MHL060-538	B. WING		09/26/2019
	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE	
		913 HIG	HLAND MIST LANE	3	
IGHLAND	MIST HOME	CHARL	OTTE, NC 28218	<u> </u>	
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO	N SHOULD BE COMPLET
PREFIX TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE DATE
V 296 j	Continued From pag	ne 2	V 296	Thome PRIDE CHANGE Which M ANDE TIME FOR STAFF TO APPINE	TO SHIFT
V 230				chase alla to	wild allered
1	-Was on his way to therapy with Staff #4; -Two staff work per shift.			There which h	
:	-Two start work per onne.			Amble time tok	Support
1) with Client #2 revealed:		STAFF TO HERIVE	, -
	-Two staff work per shift.				
	Interview on 9/25/19	with Staff #4 revealed:			
ļ	-Two staff work per shift;				
	-Waiting for the sec	ond staff member to arrive.			
ĺ	Interview on 9/26/19	9 with the Licensee revealed:			
	-Will make sure two staff members are present in				
	the future;				
	 The second staff m was running late for 	nember for the 9/25/19 shift			
	was running late for	WOR.			
	1				
					I
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	- - -				
vision of H	ealth Service Regulation		6899	<u>L </u>	If centinuation sh



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Kesen Dalig

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By DHRS-Mental Health Licensure at 10:00 am, Oct 02, 2019