



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

February 11, 2020

Dawn Johnson, CEO
Youth Haven Services, LLC
229 Turner Drive
Reidsville, NC 27320

Re: Annual and Follow up Survey Completed February 7, 2020
Faith House, 1115 Rosemont Drive, Reidsville, NC 27320
MHL# 079-073
E-mail Address: dawnjohnson@youthhavenservices.com
melanietudor@youthhavenservices.com
ivanmoore@youthhavenservices.com

Dear Ms. Johnson:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed February 7, 2020.

As a result of the follow up survey, it was determined that all the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. A deficiency was cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- The tag cited is a standard level deficiency.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is April 7, 2020.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

DHSR - Mental Health

FEB 24 2020

Lic. & Cert. Section

February 11, 2020
Youth Haven Services, LLC

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.
Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Barbara Perdue at 336-861-6283.

Sincerely,

Debra M. Branton

Debra M. Branton, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc:

qmemail@cardinalinnovations.org
Pam Pridgen, Administrative Assistant

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL079-73	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/07/2020
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NAME OF PROVIDER OR SUPPLIER FAITH HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1115 ROSEMONT DRIVE REIDSVILLE, NC 27320
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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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 2/7/20. 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 and Adolescents.</p>	V 000	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">FEB 24 2020</p> <p style="text-align: center;">Lic. & Cert. Section</p>	
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation</p>	V 118		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Melanie Judor* TITLE *Quality Director* (X6) DATE *2.20.20*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL079-73	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/07/2020
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V 118	<p>Continued From page 1</p> <p>with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure a Medication Administration Record (MAR) of all drugs administered to each client was recorded immediately after administration affecting 1 of 3 clients (#1). The findings are:</p> <p>Review on of client #1's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 12/4/19 - Diagnoses of Post-Traumatic Stress Disorder (D/O) and Attention Deficit Hyperactivity D/O <p>Observation on 2/3/20 of client #1's medications revealed:</p> <ul style="list-style-type: none"> (a) Ranitidine 150 mg 1 tab (tablet) PO (by mouth) once daily; (8 am) (b) Meloxicam 7.5 mg 1 tab PO once daily; (8 am) (c) Lactaid Original 2 tab PO with with breakfast, lunch and dinner; (7 am/noon/5 pm) (d) Prazosin HCL (Hydrochloride) 2 mg 6 mg (3 capsules (caps)) PO every night; (6 pm) (e) Quetiapine Fumarate 200 mg 1 tab PO at 6 morning and 12 noon; (f) Quetiapine Fumarate 300 mg 1 tab PO at 6 every evening; (g) Atomoxetine 100 mg 1 cap PO every evening at 6 pm; (h) Stool Softener 100 mg 1 cap PO once daily (8 am) and (j) Fluticasone 50 mcg Nasal Spray Inhale 2 sprays into each nostril once daily (8 am) 	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 2</p> <p>Review on 2/3/20 of client #1's January (1/1-1/31/20) MAR revealed:</p> <ul style="list-style-type: none"> - No documentation on the MAR which reflected client #1 had been administered Ranitidine 150 mg on 1/7/20; 1/13-1/15/20; and 1/19/20 - No documentation on the MAR which reflected #1 had been administered Meloxicam 7.5 mg on 1/7/20; 1/13-1/15/20; 1/19/20 and 1/21-1/22/20 - No documentation on the MAR which reflected #1 had been administered Lactaid Original at 7 am on 1/7/20; and 1/13-1/15/20; - No documentation on the MAR which reflected client #1 had been administered Lactaid Original at noon on 1/5/20; 1/14-1/15/20 and 1/31/20 - No documentation on the MAR which reflected client #1 had been administered Lactaid Original at 5 pm on 1/5/20; 1/12/20; 1/14/20 and 1/26/20 - No documentation on the MAR which reflected client #1 had been administered Prazosin HCL 2 mg on 1/5/20; 1/10/20; 1/12/20; 1/14/20; 1/19/20 and 1/26/20 - No documentation on the MAR which reflected client #1 had been administered Quetiapine Fumarate 200 mg at 6 pm on 1/7/20; 1/19/20 and 1/21-1/22/20 - No documentation on the MAR which reflected client #1 had been administered Quetiapine Fumarate 200 mg at 12 noon on 1/5/20; 1/19/20; 1/21/20 and on 1/31/20 - No documentation on the MAR which reflected client #1 had been administered Quetiapine Fumarate 300 mg at 6 pm on 1/5/20; 1/12/20; 1/14/20; 1/19/20; 1/22/20 and 1/26/20 - No documentation on the MAR which reflected client #1 had been administered Atomoxetine 100 mg on 1/5/20; 1/12/20; 1/14/20; 	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 3</p> <p>1/19/20; 1/22/20 and 1/26/20</p> <ul style="list-style-type: none"> - No documentation on the MAR which reflected client #1 had been administered Stool Softener 100 on 1/7/20 - No documentation on the MAR which reflected client #1 had been administered Fluticasone 50 mcg nasal spray on 1/7/20 <p>An attempt to interview client #1 on 2/3/20 was unsuccessful as client #1 did not want to be interviewed.</p> <p>Interview on 2/3/20 and on 2/5/20 with the Program Manager revealed:</p> <ul style="list-style-type: none"> - She felt certain client #1 had been administered her medications; however, staff failed to document their having administered the medications on client #1's MAR - This issue would be addressed during a staff meeting scheduled for 2/8/20 with staff as a group and individually with those who had failed to document when they had administered medications to client #1. <p>Interview on 2/7/20 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - The importance of ensuring MARs were completed correctly was on the agenda for a staff meeting scheduled for 2/8/20 - This issue would be addressed with staff as a whole and individually with those who had failed to document when they had administered medications to client #1 - He and the Program Manager and another staff would begin reviewing the clients' MARs each Tuesday to ensure staff had completed them properly. 	V 118	<p>→ Please see attached Staff Sign In Sheet with Meeting Agenda that shows Med Administration topic covered.</p> <p>→ Please see attached individual supervision logs indicating Med Admin / MAR retraining.</p> <p>→ Please see attached calendar to begin weekly review of MAR's by Residential Director and House Manager.</p>	<p>2/8/20</p> <p>2/8/20</p> <p>2/11/20</p>

RESIDENTIAL

Residential Meeting

February 8th, 2020

9:00am – 11:30am

Meeting called by Ivan Moore, Residential Director

9:00am – 9:30am	Introduction Breakfast (Biscuits, fruit, and juice)	Game room
9:30am – 10:15am	Cultural Competency Topic LGBTQ	Conference room
10:15am – 10:45am	Medication Administration Topic Accuracy and documentation on medication for residents	Conference room
10:45am – 11:30am	Population Update and Misc. information Topic upcoming discharges and admissions, staff issues complaints and recommendations, van and house cleanliness, and individual staffing dates	Conference room

Additional Instruction:

Next meeting tentative date May 9th

February 8th, 2020

RESIDENTIAL MEETING
SIGN IN

	PRINT	SIGNATURE
1.	IVAN J. MOORE	Ivan J Moore
2.	Melanie Judar	Melanie Judar
3.	Terry T Turner	Terry T Turner
4.	Henry Slade	Henry Slade
5.	Antonio Wilson	Antonio Wilson
6.	Phillip Lee	Phillip Lee
7.	Jessie Courts	Jessie Courts
8.	Ashton Luke	Ashton Luke
9.	Erica Williams	Erica Williams
10.	Bishetta Jones	Bishetta Jones
11.	Javada Harden	Javada Harden
12.	Leontrae Williamsen	Leontrae Williamsen
13.	Myra Malloy	Myra Malloy
14.	Cynthia M. Randolph	Cynthia M. Randolph
15.		
	RESIDENTIAL KIDS	
16.	NAKIRAH WILLIAMS IVY EARNHART	COLBY BLACKMON BENJAMIN WATSON
17.	KIYOSHA LOVELACE VICTORIA HENZEL	

QUARTERLY PROFESSIONAL/CLINICAL SUPERVISION LOG

Employee Name: L. Nickey Williamson

Supervisor(s) Name: Brianna Toomes

Department/Component Support: Residential Provider- House Manager

Professional Development Goals (from Supervision Plan)

- Ability to better learn how to deal with runaways.
- Continue to find ways to better help the clients.

Competencies shall be demonstrated by exhibiting core skills including:

Technical knowledge
Decision-making

Cultural awareness
Interpersonal skills
Clinical skills

Analytical skills
Communication skills

Communication Log (Indicate date and duration of supervision):

Date	Time	Discussion
2/20/19	90 min	ODD Work + Learn
3/7/19	2 hrs	Innocence of Chr - Tr
4/1	30	Cl consult
4/3		
4/7		
4/30		
5/7/19	2h	Alarm Penetration - Trng
7/25/19	30min.	CLIENT DISCUSSION / FAITH PLANS
8/6/19	45min.	FAITH HOUSE ↑
9/3/19	60min.	VEHICLE MAINT. REPORTS
10/10/19	30min.	STAFF OTC DOCUMENTATIONS
11/15/19	20min.	CFT UPDATES
2/2/20	20min.	CLIENT UPDATES
4/22/20	45min.	CLIENT ADMISSION I.E.
2/11/20	20min.	MAR COMPLETION AND COMMUNICATION TO STAFF.

L. Nickey Williamson:

L. Nickey Williamson

Brianna Toomes QP:

Brianna Toomes

IVAN MOORE, QP

Ivan Moore

PROFESSIONAL/CLINICAL SUPERVISION LOG

Employee Name: Erica Williams Supervisor(s) Name: Brianna Toomes
 Department/Component Support: Residential Provider- House Counselor

Professional Development Goals (from Supervision Plan)

- Learn about diagnosis.
- Learn to make a difference, be a role model.

Competencies shall be demonstrated by exhibiting core skills including:

Technical knowledge
 Decision-making

Cultural awareness
 Interpersonal skills
 Clinical skills

Analytical skills
 Communication skills

Communication Log (Indicate date and duration of supervision):

<u>Date</u>	<u>Time</u>	<u>Discussion</u>
2/6/19	40min	ODD Lunch + Learn
3/7/19	2h	Innocence of Child Tru
4/1/19	20min	CT cases
5/7/19	2h	Alarm practice - Tru
7/25/19	30min	INTRO / EXPECTATIONS
8/6/19	40min	CFT CT. UPDATES
9/3/19	20min	DRUG UPDATES ON SHIFT
10/18/19	30min	OTC NOTE / DOCUMENTATION
12/2/19	60min	NEW CT. ADMISSIONS
1/22/20	15min	NW CLIENT UPDATE
2/10/20	20min	MAR COMPLETION ON SHIFT

Erica Williams: 

Brianna Toomes, QP: 

IVAN MOORE, BSQP 

QUARTERLY PROFESSIONAL/CLINICAL SUPERVISION LOG

Employee Name: C. Michelle Randolph

Supervisor(s) Name: Brianna Toomes

Department/Component Support: Residential Provider- House Counselor

Professional Development Goals (from Supervision Plan)

- To establish with the girls personal hygiene.
- To establish with the girls a sense of self-worth.

Competencies shall be demonstrated by exhibiting core skills including:

Technical knowledge
Decision-making

Cultural awareness
Interpersonal skills
Clinical skills

Analytical skills
Communication skills

Communication Log (Indicate date and duration of supervision):

Date	Time	Discussion
2/25/19	20min	check in + CFT el updates
3/7/19	2 hrs	Res. training w/ cameras
4/11/19	20min	2 CFT consults
4/30/19	20min	2 CFT consults
5/7/19	2 hrs	Trang - Alarm Practice
7/25/19	30min	WTRC / OTC login
8/6/19	30min	client issues
9/3/19	20min	CFT CONSULT
10/8/19	20min	CFT CONSULT
11/20/19	30min	House issues
2/2/20	30min	OTC DOCUMENTATION
1/22/2020	20min	NN CLIENT DISCUSSION
2/10/2020	10min	MAR completion on shift.

C. Michelle Randolph: C. Michelle Randolph

Brianna Toomes, QP: [Signature]

IVAN MOORE, QP [Signature], BSCQ

QUARTERLY PROFESSIONAL/CLINICAL SUPERVISION LOG

Employee Name: LaToya Slade

Supervisor(s) Name: Brianna Toomes

Department/Component Support: Residential Provider- Program Manager

Professional Development Goals (from Supervision Plan)

- Ensure that all consumers arrive at appointments on time.
- Ensure weekly activities/plans are being completed.

Competencies shall be demonstrated by exhibiting core skills including:

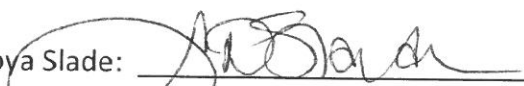
Technical knowledge
Decision-making

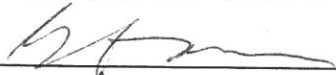
Cultural awareness
Interpersonal skills
Clinical skills

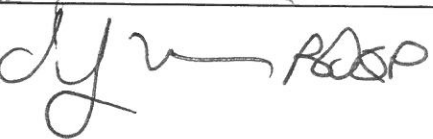
Analytical skills
Communication skills

Communication Log (Indicate date and duration of supervision):

<u>Date</u>	<u>Time</u>	<u>Discussion</u>
2/6/19	90min	CDD Lunch & Learn
3/7/19	2 hrs	Inhouse on chel - Trn
4/1	30min	el consult
4/10		
4/11		
4/20		
4/30		
5/7	2h	Alarm Reaction - Trn
7/25	2hrs	Client discussions / PLANS
8/6/19	60min.	House NEEDS
9/3/19	45min.	STAFFING ISSUES / NEEDS
10/18/19	30min.	NEW ADMISSIONS / DISCHARGES
11/20/19	45min.	Referral REVIEWS
12/2/19	30min.	Staffing issues for holidays
1/22/20	30min	Client consultations
2/10/20	60min.	MARS / DHS SURVEY RESULTS

LaToya Slade: 

Brianna Toomes, QP: 

IVAN MOORE QP: 

QUARTERLY PROFESSIONAL/CLINICAL SUPERVISION LOG

Employee Name: Ashton Luke

Supervisor(s) Name: Brianna Toomes

Department/Component Support: Residential Provider- House Counselor

Professional Development Goals (from Supervision Plan)

- Implement at least one activity with client to increase social, positive interactions quarterly.
- Have residential documentations (notes, drills, incident reports, etc.) completed with no more than two notifications from supervisors within a month.

Competencies shall be demonstrated by exhibiting core skills including:

Technical knowledge
Decision-making

Cultural awareness
Interpersonal skills
Clinical skills

Analytical skills
Communication skills

Communication Log (Indicate date and duration of supervision):

Date	Time	Discussion
2/16/19	90min	ODD Lunch & Learn
3/7/19	2h	Innery of child - Tray
4/10/19	25mi	Client consent as QP
5/7/19	2h	Aborn Pecten - Tray
7/25/19	20min	INTRO/EXPECTATION
8/21/19	30min	CLIENT ISSUES
9/12/19	45min	LT UPDATES FOR LFT
10/10/19	30min.	FAITH HOUSE ISSUES
11/19/19	20min	BEING ON TIME SHIFT COMMUNICATION
2/12/19	30min	OTC DOCUMENTATION
1/22/20	20min	NEW DISCHARGES AND ADMISSIONS
2/8/20	15min.	MHR COMPLETION AND ACCURACY

Ashton Luke

Ashton Luke: _____

Brianna Toomes, QP: _____

Ivan Moore, QP *Ivan Moore* RSQP

PROFESSIONAL/CLINICAL SUPERVISION LOG

Employee Name: Javada Harden Supervisor(s) Name: Brianna Toomes

Department/Component Support: Residential Provider- House Counselor

Professional Development Goals (from Supervision Plan)

- Learn more activities for clients at the residential home.
- Just continue positive encouragement to the clients.

Competencies shall be demonstrated by exhibiting core skills including:

Technical knowledge

Cultural awareness

Analytical skills

Decision-making

Interpersonal skills

Communication skills

Clinical skills

Communication Log (Indicate date and duration of supervision):

<u>Date</u>	<u>Time</u>	<u>Discussion</u>
1/12/19	15min	Cl consult
1/15/19	15min	Guest Report
1/25/19	45min	Team Group
2/12/19	90min	ODD Lunch & Learn
3/7/19	2h	Innocent & Child - Trv
4/17	20min	Cl consult
4/26	20min	house consult
5/1/19	2h	Alarm Practice - Trv
7/25/19	30min	Expectations/INTRO
8/6/19	30min.	CLIENT DISCUSSIONS
9/12/19	45min	CFT UPDATES
10/10/19	30min	CLIENT SPECIFIC DISCUSSION NW
11/11/19	20min	PUNCTUAL FOR SHIFTS / COMMUNICATIONS
12/2/19	30min	DOCUMENTATION
1/22/20	15min	NEW DISCHARGES AND ADMISSIONS
2/3/20	30min.	MRK COMPLETION/ACCURACY

Javada Harden: _____

Brianna Toomes, QP: _____

IVAN MOORE, QP: _____

Ivan Moore, RS QP

PROFESSIONAL/CLINICAL SUPERVISION LOG

Employee Name: Ivie Courts Supervisor(s) Name: Brianna Toomes

Department/Component Support: Residential Provider- House Counselor

Professional Development Goals (from Supervision Plan)

- More individual time with clients.
- Finding more activities for clients.

Competencies shall be demonstrated by exhibiting core skills including:

Technical knowledge
Decision-making

Cultural awareness
Interpersonal skills
Clinical skills

Analytical skills
Communication skills

Communication Log (Indicate date and duration of supervision):

<u>Date</u>	<u>Time</u>	<u>Discussion</u>
2/20/19	90 min	OOD Lunch & Learn
3/7/19	2h	Innovative Child - Tr
4/10/19	20 min	El concert
5/7/19	2h	Alarm Traction - Trng
7/25/19	30 min	INTRO EXPECTATIONS
8/21/19	30 min	Resident discussion / behaviors
9/12/19	45 min	OTT UPDATES
10/2/19	30 min	CLIENT SPECIFIC CONSULTATIONS JM
11/13/19	20 min	PUNCTUALITY / COMMUNICATIONS
12/12/19	30 min	Documentation
1/22/20	15 min	ADMISSIONS and DISCHARGES
2/8/20	30 min	MAR Completion and Accuracy

Ivie Courts: Ivie Courts

Brianna Toomes, QP: Brianna Toomes

IVAN MOORE QP: Ivan Moore

PROFESSIONAL/CLINICAL SUPERVISION LOG

Employee Name: Terry Turner Supervisor(s) Name: Brianna Toomes

Department/Component Support: Residential Provider- House Counselor

Professional Development Goals (from Supervision Plan)

- Assist client with their anger & to reach their goals in life.
- Assist client on how to deal with life after getting out of the home.

Competencies shall be demonstrated by exhibiting core skills including:

Technical knowledge	Cultural awareness	Analytical skills
Decision-making	Interpersonal skills	Communication skills
	Clinical skills	

Communication Log (Indicate date and duration of supervision):

Date	Time	Discussion
2/28/19	30 min	Check in & CFT of updates
3/17/19	2h	Res train Innocence of child
4/10/19	10 min	CFT consult
4/17/19	10 min	CFT consult
5/7/19	2hs	trauma Alarm Reaction
7/25/19	20m	INTEG/EXPECTATIONS
8/21/19	30 min	RESIDENT DISCUSSIONS
9/12/19	30 min	
10/18/19	30 min	
11/19/19	20 min	
12/2/19	30 min	DOCUMENTATION
1/22/20	15 min	ADMISSIONS & DISCHARGES
2/8/20	30 min	MAR COMPLETION & ACCURACY

Terry Turner: 

Brianna Toomes, QP: 

Youth Haven Services
Residential-FAITH HOUSE
Staff Responsible for Med Administration

	8:00 AM	12:00 PM	5:00 PM
1/5/2020	JAVADA / PAM →		RHONDA
1/6/2020			
1/7/2020	NICKEY / TOYA →		DANIELLE
1/8/2020			
1/9/2020			
1/10/2020	NICKEY / TOYA →		ERICA / JAVADA
1/11/2020			
1/12/2020	DAN / MICHELLE →		RHONDA
1/13/2020	NK / TOYA →		DAN / JAV
1/14/2020	" " →		" "
1/15/2020	" " →		ASTON / JOYCE
1/16/2020			
1/17/2020			
1/18/2020			
1/19/2020	MON / DANIELLE →	→	→
1/20/2020			
1/21/2020	NIC / TOY →		DAN / BELTON
1/22/2020	NIC / TOY →		RHONDA
1/23/2020			
1/24/2020			
1/25/2020			
1/26/2020			
1/27/2020			
1/28/2020			
1/29/2020			
1/30/2020			
1/31/2020			

Date of deficiencies identified by staff.