

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601337	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2020
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NAME OF PROVIDER OR SUPPLIER BONNIE'S HOME FOR YOUTH	STREET ADDRESS, CITY, STATE, ZIP CODE 8616 NATIONS FORD ROAD CHARLOTTE, NC 28217
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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 complaint survey was attempted on 7/21/20-7/22/20. According to the Chief Executive Officer, there are no clients being served at the facility. The last time clients were served at the facility was 7/13/20.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>Interview on 7/21/20 with the Facility Manager revealed: -no clients currently at this facility; -last client(Former Client #1/FC#1) was discharged on 7/13/20.</p> <p>Interview on 7/21/20 with the Chief Executive Officer revealed: -no clients at the facility; -no plans to admit any clients anytime soon; -plan to wait until COVID-19 passes; -not sure of exact date last client was discharged but will check; -last client discharged was FC #1.</p> <p>Review on 7/22/20 of FC #1's record revealed: -admission date of 1/24/20; -diagnoses of Major Depressive Disorder, Post Traumatic Stress Disorder and Oppositional Defiant Disorder; -admission assessment/screening dated 1/20/20 documented FC#1 had poor coping skills, irritability issues, outbursts, night terrors, lack of respect, poor social skills, tantrums, vindictive towards others, aggression towards staff and peers, episodes of running away, suicidal ideation and self-injurious behaviors(SIBs); -treatment plan last updated 6/23/20 documented</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 000	<p>Continued From page 1</p> <p>the following goals: improve stability of mood, refrain from aggression, improve pro-social communication, decrease non-compliance, improve management of mental health symptoms, decrease rage responses, decrease property destruction, decrease theft, lying and stealing, improve impulse control, no episodes of running away, no episodes of SIBs, find alternative ways to express disappointments and dislikes; -discharge date of 7/13/20.</p> <p>Review on 7/22/20 of FC #1's discharge summary dated 7/13/20 revealed the following documented: -FC#1 had a planned discharge of 7/24/20; -was in the process of meeting the requirements for discharge for 7/24/20; -went on a home visit with her family; -did not return to the facility from her home visit; -transitioned to her family home on 7/13/20.</p>	V 000		