

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-173	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/17/2020
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NAME OF PROVIDER OR SUPPLIER ACE PROGRAM	STREET ADDRESS, CITY, STATE, ZIP CODE 1155 CHILDREN'S CIRCLE ROCKWELL, NC 28138
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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	INITIAL COMMENTS A complaint survey was completed on 12/17/20. One complaint was substantiated(Intake #NC170649). One complaint was unsubstantiated(Intake #NC170340). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Adolescents and Children.	V 000	When a youth experiences unsafe and risky behaviors an agency safety plan will be developed, reviewed, and signed by all the parties involved. The safety plan will be added to the youth's crisis plan. A CFT will be scheduled with the youth's legal guardian, care coordinator (if a care coordinator is assigned) and all other supports to address safety concerns and behaviors. During the CFT, the PCP and crisis plan will be updated and new goals and strategies will be added as appropriate. Case manager will document in the youth's case note and during a CFT all reviews of the youth's PCP, Crisis Plan and goal. Case Manager will ensure that all appropriate signatures are obtained on the PCP/Crisis plan and all other documents. Program Manager will monitor and review to ensure that all reviews are held, proper documentation is completed and signatures are obtained.	
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (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.	V 112		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Paula Rivera, MSW, CP</i>	TITLE Program Manager	(X6) DATE 12/30/2020
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