STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL033-131	A. BUILDING: _____ B. WING _____	C 03/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPREHENSIVE INTERVENTIONS INC DAY 1	501 E AVENUE, ROOMS 139, 141, 143 TARBORO, NC 27886

(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	INITIAL COMMENTS A complaint survey was completed on March 11, 2021. The complaint was unsubstantiated (intake #NC00160966). Deficiencies were cited. This facility is licensed for the following service 10A NCAC 27G. 1400 Day Treatment for Children and Adolescents with Emotional or Behavioral Disturbances	V 000		
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		

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V 112	Continued From page 1	V 112		

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to have a treatment plan for three of four current clients (#2-#4). The findings are:

Review on 03/10/21 of the records maintained by the facility revealed the following information regarding the clients:
-Client #2
Admitted: 12/13/18
Diagnoses: Attention-Deficit Hyperactivity Disorder (ADHD)
Age: 13
-Client #3
Admitted: 12/27/2018
Diagnoses: ADHD
Age: 13
-Client #4
Admitted: 10/09/19
Diagnoses: Major Depressive, moderate
Age: 14
-No Treatment Plans

During interview on 03/09/21, Qualified Professional reported the following:
-All client information could be accessed via the computer
-The internet was not working at the school and therefore, no access to client information.

During interviews between 03/09/21 and 03/11/21, the Day Treatment Supervisor reported:
-She was located at the corporate office not the school.
-She would fax information requested

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V 112	Continued From page 2 including treatment plans to Division of Health Service Regulation -On 03/10/21, she reported she attempted to send two separate faxes on 03/09/21. She was not aware the second fax was unsuccessful. She would resend. -Later on 03/10/21, she was not completely familiar with the facility's new fax machine. She was not aware she resent the same documents as faxed on 03/09/21. The treatment plans for clients #2-#4 were included in the second fax. She had a prior engagement and would resend the second fax documents at the conclusion of that engagement. -On 03/11/21, she faxed the same first set of documents 3 times. -She had treatment plans for clients #2-#4 but could not email them because the facility's computer did have encryption to protect sensitive information. She was familiar with encryption of correspondences with the Mangaed Care Organization.	V 112		