

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mh1060-852</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/06/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW VISION HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5004 GLENVIEW COURT CHARLOTTE, NC 28215</b>
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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 competed on 4-6-21. The complaint was unsubstantiated (#NC00175198). Deficiencies were cited.</p> <p>This facility is license for the following service category: 10A NCAC 27G 1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000		
V 293	<p>27G .1701 Residential Tx. Child/Adol - Scope</p> <p>10A NCAC 27G .1701 SCOPE</p> <p>(a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility.</p> <p>(b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section.</p> <p>(c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services.</p> <p>(d) The children or adolescents served shall require the following:</p> <p>(1) removal from home to a community-based residential setting in order to facilitate treatment; and</p> <p>(2) treatment in a staff secure setting.</p> <p>(e) Services shall be designed to:</p> <p>(1) include individualized supervision and structure of daily living;</p>	V 293		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl060-852</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/06/2021</b>
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V 293	<p>Continued From page 1</p> <p>(2) minimize the occurrence of behaviors related to functional deficits;</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to provide services only for the scope of the program, effecting 1 of two clients (Client #2). The findings are:</p> <p>Review on 4-5-21 of Client #2's record revealed: -Admitted 2-18-19. -19 years old. -Diagnoses include Major Depressive Disorder, unspecified, Post Traumatic Stress Disorder. -Person Centered Plan last updated documented revealed; 1-7-21, continuing to use physical aggression when she is frustrated</p>	V 293		

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V 293	<p>Continued From page 2</p> <p>instead of using her words...Dreams and Vision, LLC is in the process of working with her treatment team to find and a appropriate setting ...constant AWOL activity, inconsistency in taking her medication, drug usage and recruiting her peers to leave the facility with her ...has not had any AWOL activity in the last 30 days...currently in attending Narcotic Anonymous.</p> <p>Review on 3-29-21 of an email sent to DHSR (Division of health Service Regulation) surveyor dated 3-29-21 revealed: -After the waiver request was submitted they sent an email stating that the request was no longer needed.</p> <p>Interview on 3-26-21 with Former Staff #1 revealed: -Client #2 had been at the facility for tow years. -"How can she not level up or down?"</p> <p>Interview on 3-26-21 and 3-29-21 with the Qualified Professional revealed: -They initially applied for a waiver and was told they didn't need one until after the client had been 18 for six months. -Client #2 was then deemed incompetent. -They did apply for another waiver, but then Covid hit and they never heard anything about the results</p> <p>Interview on 4-6-21 with the Director revealed: -That had looked into other placements but her substance abuse and her young age made it hard to find an appropriate placement. -The facility had been her only home. -They will make sure they get a waiver as soon as possible.</p>	V 293		