

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL071-022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/17/2021
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NAME OF PROVIDER OR SUPPLIER A SPECIAL TOUCH, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5925 NC HIGHWAY 11 WILLARD, NC 28478
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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>An annual and follow up survey was completed on September 17, 2021. 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 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> <p>(2) minimize the occurrence of behaviors</p>	V 293		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 293	<p>Continued From page 1</p> <p>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> </p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interview, the facility failed to coordinate with other individuals and agencies within the child or adolescent's system of care for one of three clients (#1). The findings are:</p> <p>Review on 09/17/21 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 15 year old male. - Admission date of 05/21/21. - Diagnoses of Disruptive Mood Dysregulation Disorder, Conduct Disorder-Childhood Onset, Attention Deficit Hyperactivity Disorder-Combined Type and Post Traumatic Stress Disorder. 	V 293		

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V 293	<p>Continued From page 2</p> <p>Review on 09/17/21 of client #1's signed physician orders dated 05/07/21 revealed:</p> <ul style="list-style-type: none"> - Albuterol Inhaler (used to prevent or treat bronchospasm) 90 micrograms (mcg) - 2 puffs every 4 hours as needed. <p>Observation on 09/17/21 at approximately 10:15am at the facility revealed:</p> <ul style="list-style-type: none"> - Client #1 was not at the facility. - Client #1 was at school. - Client #1's medications contained multiple Albuterol inhalers. The most recently dispensed inhaler was dated 03/25/21 and instructions to administer 2 puffs every 4 hours as needed. <p>Interview on 09/17/21 the Licensee stated:</p> <ul style="list-style-type: none"> - Client #1 did not have a diagnosis of Asthma. - Client #1 was admitted to the facility with the Albuterol inhalers. - Client #1 had not needed the Albuterol inhaler while at the facility. - Client #1 did not take the Albuterol inhaler to school. - She would follow up on the need for client #1 to continue with the prescription for the Albuterol inhaler. 	V 293		