28-Sep-2021 14:08 From: +12014556135 p.1

# FAX

Date: Sep 28, 2021, 10:07

Pages including coversheet: 4

## To

Name: DHSR

Phone: 919-855-3795

### From

Name: Melissa Pearson, Director/COO

Phone: 336-302-9451

Email: mpearson@elevatedfamilyservices.com

### Note

Plan of Correction

From:

PRINTED: 09/14/2021 FORM APPROVED

Division of Health Service Regulation								
STATEMENT OF DEFICIENCIES (X3) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY			
AND PLAN OF CORRECTION		RENTIFICATION NUMBER:	A BURDING:		COMP	ETEP		
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			B WING		to the second	**************************************		
***********		MHL034-389			***************************************	3 TO LAKE &		
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	ODRESS, CITY, STA	ATE, 23P CODE				
			RA AVENUE					
ELEVATE	D FAMILY SERVICES, LL	C	A SURDING:  A SURDING:  STREET ADDRESS, CITY, STATE, 2IP CODE  128 LAURA AVENUE  WINSTON SALEM, NC 27105  FICIENCIES  BY PROVIDERS PLAN OF CORRECTION CEDED BY FULL FREET DEFENDER CONTROL THE APPROVIDERS COMPLETE  AND COMPLETED  ONLY COMPLE					
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(%4) 10)		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	•					
FIREFOX TAG	4	SCIDENTIFYING INFORMATION)		CROSS-REFERENCED TO THE APPROX		SAFE		
				DEFICIENCY)				
	<u> </u>					,		
A 800	INITIAL COMMENTS		V 000					
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	An annual and compl	aint survey was completed						
į	on September 14, 2021. The complaint was unsubstantiated (Intake #NC00180915).			7				
	Deficiencies were cite	સ્તું.						
i	This facility is license	d for the following service:		4 4 4 4				
	10A NCAC 27G .1700 Residential Treatment							
	Staff Secure for Child	iren or Adolescents		19				
				#				
V 308	27G .0202 (F-I) Pers	onnel Requirements	V 108	7				
	trem campands the pro-			-				
	10A NCAC 27G .020	2 PERSONNEL	200	4				
	REQUIREMENTS			£ 1				
		tion shall be documented.		ar 				
	(a) Employee training			***************************************				
		inimum, shall consist of the						
	following:	estimates, or many processors on the second						
	(1) general organiza	utional orientation:						
	(2) training on client	rights and confidentiality as						
	delinested in 104 NC	AC 27C 27D 27E, 27F and						
	delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the							
			1					
	client as specified in the treatment/habilitation							
į	plan; and							
	(4) training in infectious diseases and					, and a second		
	bloodborne pathogens.							
	(h) Except as permitted under 10a NCAC 27G					, and the second		
	.5602(b) of this Subchapter, at least one staff							
	member shall be available in the facility at all							
	times when a client is present. That staff							
	member shall be train	ed in basic first aid						
	includino seizure mar	agement, currently trained						
	to provide cardiopulm	onary resuscitation and						
}	trained in the Heimlich	h maneuver or other first aid				3		
3	techniques such as those provided by Red Cross,			Page 1		· · · · · · · · · · · · · · · · · · ·		
	the American Heart Association or their							
	FERNINGSHARMS AND ASSESSED	neg aneray securitarias	1			3		
	(i) The governing box	ly shall develop and				9		
	involencent noticies an	d procedures for identifying,		P				
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average of Figure	and the same of the same and the	- and rea reproposational records an	:	1 ares	350	350 (80)		

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September 23, 2021

Plan of Correction - Annual and complaint survey (Intake #NC001809154)

Elevated Family Services, LLC MHL-034-389

#### V 108 Personnel Requirements

Continuing education shall be documented. EFS will conduct training on the Population being served to include RAD and FAS. The Special Population Policy training will be updated, and the training will be provided by a Licensed Therapist. This will be completed within the next 2 weeks. All staff will be trained in the required curriculum such as BBP, First Aid/First Aid that included Seizure management. The Director, Client Rights and QA Committees will ensure that this takes place in a timely manner and documented in the employee file and Meeting Minutes quarterly.

#### V114 Emergency Plans and Supplies

 EFS will follow the Policy & Procedures put in place and document all fire and disaster drills in the Disaster Plan Binder. EFS will conduct 2 drills each month on different shifts to comply with quarterly requirements. The Director, QP, and/or AP will be responsible for documenting theses drills. Also, The Safety Committee will conduct QA check to maintain compliance quarterly.

#### V 131 Prior Employment Verification V 133 Criminal History Record Check

• The EFS Director/Office Manager will ensure that all Health Care Personnel Registry and Background checks are completed before the hire date of each staff. The Client Rights and QA will monitor this for compliance in monthly meetings with the 5-year requirement of living in NC for 5 years being monitoring. EFS will follow their Policy and Procedures more closely moving forward in our job search during this Pandemic.

#### V 295 Requirements for Associate Professionals

The Director of EFS will ensure that a full-time AP is hired. The Director as will as the Client
Rights and QA Committee will continue to use Job Requiting sites like Indeed to find qualified
staff. This will be monitored by the above referenced team immediately.

#### V 367 Incident Reporting Requirements

 EFS will follow the Policy & Procedure Manual to ensure that all Levels of incident Reports are completed in a timely manner (72 hours) and placed in the incident Report Binder. The



From:

Director, QP, AP, and Clients Rights Committee will follow up on all incidents as they occur and document outcomes and intervention to prevent the incident in the future. The committee will review all incident entered in the IRIS system for accuracy. If a RI is used due to the consumer harming themselves or others, the proper documentation of monitoring will be entered into the consumers record and EMS/Mobil Crisis/Police will be called to assist. The Director will ensure that no injuries are sustained, and proper medical care given. EFS will continue to complete the quarterly incidence reports containing Level I, II, and III for review.

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continuation sheet 1 of 17

Division of Health Service Regulation **FORM APPROVED** STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED MHL034-389 B. WING 09/14/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **ELEVATED FAMILY SERVICES, LLC 128 LAURA AVENUE** WINSTON SALEM, NC 27105 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and complaint survey was completed on September 14, 2021. The complaint was unsubstantiated (Intake #NC00180915). Deficiencies were cited. This facility is licensed for the following service: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents V 108 27G .0202 (F-I) Personnel Requirements V 108 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS DHSR - Mental Health (f) Continuing education shall be documented. (g) Employee training programs shall be OCT 1 2021 provided and, at a minimum, shall consist of the following: (1) general organizational orientation; Lic. & Cert. Section (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B: (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, Division of Health Service Regulation ATORY PIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE STATE FORM

**U7WE11** 

Division of Health Service Regul STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:  B. WING		(X3) DATE SURVEY COMPLETED  09/14/2021	
		MHL034-389				
	OURDED OR SURDI IED	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
AME OF PR	OVIDER OR SUPPLIER	128 LAI	JRA AVENUE			
LEVATED	FAMILY SERVICES, LI		ON SALEM, NC 271			0.51
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
1/ 100	Continued From pag	ne 1	V 108			
V 108	Continued From page 1 reporting, investigating and controlling infectious and communicable diseases of personnel and clients.					
	facility failed to ens	et as evidenced by: views and interviews, the ure 2 of 4 audited staff (#1 and ng to meet the needs of the				
	clients. The finding	gs are:				
	-A hire date of 6/1/ -A job description of the companion	of staff #1's record revealed: 21 of Paraprofessional n of training on Fetal Alcohol				
	Syndrome (FAS) -No documentation Attachment Disord	n of training on Reactive ler (RAD)				
	-A hire date of 6/7	of staff #2's record revealed: /21 of Paraprofessional n of training on Fetal Alcohol				
	Syndrome (FAS) -No documentatio Attachment Disord	n of training on Reactive der (RAD)				
	record revealed: -An admission da -Diagnoses of Re	active Attachment Disorder ed Anxiety Disorder (GAD), ant Disorder (ODD) and Fetal e (FAS).				

Division of Health Service Regulation

-Age 15

STATE FORM

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September 23, 2021

Plan of Correction – Annual and complaint survey (Intake #NC001809154) Elevated Family Services, LLC MHL-034-389

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