

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-328</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/12/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>INSPIRATIONZ LEVEL II</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5089 BAUX MOUNTAIN ROAD WINSTON SALEM, NC 27105</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><b>INITIAL COMMENTS</b></p> <p>An annual survey was attempted on 10/12/21.</p> <p>According to the Licensee there are no clients receiving services at the facility. The last time clients resided at the facility was 6/19/21.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment Facility for Children &amp; Adolescents</p> <p>Review on 10/12/21 of Former Client #1's (FC#1)'s record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date:10/27/18</li> <li>- Diagnoses: Oppositional Defiant Disorder, Attention Deficit Disorder, Pervasive Mood Disorder</li> <li>- Discharge :6/19/21</li> <li>- Admission Assessment on 10/27/18 revealed: requires more structure and 24/7 monitoring with a treatment approach, group and individual therapy, requires medication management, FC#1 attempted AWOL in prior facility, Accusations of sexual molestation in 2018</li> <li>- Treatment Plan dated: 8/1/20 revealed: work towards healthier relationships, reduce tension and increase satisfaction with improving communication, display ability to complete a task and display on task behaviors, sleep through the night without any disruptions.</li> <li>- Addendum to Treatment Plan dated 4/20/21 revealed: Precipitating Events, FC#1 is preparing to transition out of Level II, has made a lot of progress and has improved greatly in school. FC#1 will return home to her Guardian.</li> <li>- Discharge Summary dated 6/19/21 revealed:</li> <li>- Discharge to Guardian</li> <li>- All personal effects signed for</li> </ul>	V 000		

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

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V 000	Continued From page 1  - Medication counted and signed for - "[FC#1] will be greatly missed and all the staff are proud of her." signed and dated by the Associate Professional(AP)	V 000		