

## Appendix 1-B: Plan of Correction Form

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OCT 15 2021 1263

### Plan of Correction

DHSR-MH Licensure Sect

Please complete all requested information and email completed Plan of Correction form to:

Plans.Of.Correction@dhhs.nc.gov

<b>Provider Name:</b>	Jasper's House Day Treatment	<b>Phone:</b>	980-819-5692
<b>Provider Contact Person for follow-up:</b>	Kim Jones	<b>Fax:</b>	980-819-5694
		<b>Email:</b>	kjones@arjcares.com
<b>Address:</b>	2311 Village Lake Drive		
		<b>Provider #</b>	

Finding	Corrective Action Steps	Responsible Party	Time Line
<p><b>Driving Staff need to be fully abreast of the MH diagnosis of clients they are transporting. All staff need to understand clients triggers and how to deescalate an escalated situation before it gets out of hand. Staff will also go through NCI trainings again to as a refresher to ensure they are using appropriate techniques on all consumers. Staff needs to use all least restrictive interventions before applying any other restraints. All additional training will occur by October 15, 2021.</b></p>	<p>Staff received a binder with crisis intervention plans on each client they transport. A binder was also made for in house staff in the event that they have to process with a client that they are not assigned to. This is necessary so all staff is aware of the individual needs of each client that is enrolled in day treatment through Jasper's house. One thing staff needs to remember is while no client is the same its important to understand the personal triggers and what coping strategies need to be put in place. The crisis plan provides some of the triggers and deescalate techniques however staff has been told to also speak to the clients individually and include additional feedback from them that may not be listed on the Crisis intervention plan that may be instrumental defusing situations. Program Director will also process with staff daily to about any incidents a client had during that day to be able to process with clients before leaving school to ensure they are going to be safe on transportation.</p>	<p>Kim Jones, William Jasper and Dr. Kendell Jasper</p>	<p>Implementation Date: 9/2/21</p> <p>Projected Completion Date: On going</p>
<p>All staff regardless of their role needs to have trainings in Crisis Intervention and First Responder training as well as first aid, CPR and blood born pathogens.</p>	<p>QA/QI Director and Clinical Director reviewed trainings on all staff. Any staff that required the training was provided training individually. Once all trainings were completed for those individuals Clinical Director and QA/QI Director did a refresher training for all staff. Clinical Director also implemented a new plan that staff will be provided quarterly trainings to ensure that all staff are well aware of mental health diagnosis as well as being updated on updated information and outside trainings that are beneficial with helping them provide the best therapeutic practice for all clients.</p>	<p>William Jasper and Dr. Kendell Jasper</p>	<p>Implementation Date: 9/2/21</p> <p>Projected Completion Date: <b>On going</b></p>
<p>Submitting any and all incidents into IRIS within 72 hours of incident.</p>	<p>Program Director will ensure all pertinent information is gathered on order to complete incidents that occur on or off site while being provided services through ARJ. On site included any and all things that occur in the building as well as visible areas outside the building. Offsite include any incident occurring on the van while being transported home.</p>	<p><b>Kim Jones</b></p>	<p>Implementation Date: <b>9/2/21</b></p> <p>Projected Completion Date: <b>On Going</b></p>



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor  
MANDY COHEN, MD, MPH • Secretary  
MARK PAYNE • Director, Division of Health Service Regulation

VIA CERTIFIED MAIL

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OCT 15 2021

DHSR-MH Licensure Sect

September 22, 2021

Dr. Kendall Jasper, Clinical Director  
ARJ, LLC  
2311 Village Lake Drive  
Charlotte, North Carolina 28212

**Re: Type A2 Administrative Penalty**  
**Jasper's House Day Treatment, 2311 Village Lake Drive, Charlotte NC 28215**  
**MHL # 060-1263**  
**E-mail Address: [kendell@arjcares.com](mailto:kendell@arjcares.com)**

Dear Dr. Jasper:

Based on the findings of this agency from a survey completed on 9-7-21, we find that ARJ, LLC has operated Jasper's House Day Treatment in violation of North Carolina General Statute (N.C.G.S.) § 122C, Article 3, Clients' Rights for individuals with mental illness, developmental disabilities, or substance abuse issues. After a review of the findings, this agency is taking the following action:

Administrative Penalty – Pursuant to N.C.G.S. § 122C-24.1, the Division of Health Service Regulation, Department of Health and Human Services (DHHS), is hereby assessing a Type A2 administrative penalty of \$1,500.00 against ARJ, LLC for violation of 10A NCAC 27E .0108 Training in Seclusion, Physical Restraint and Isolation Time-out (V537). Payment of the penalty is to be made to the Division of Health Service Regulation and mailed to the Mental Health Licensure and Certification Section, 2718 Mail Service Center, Raleigh, North Carolina 27699-2718. If the penalty is not paid within sixty (60) days of this notification, a 10% penalty plus accrued interest will be added to the initial penalty amount as per N.C.G.S. § 147-86.23. In addition, the Department has the right to initiate judicial actions to recover the amount of the administrative penalty. The facts upon which the administrative penalty is based and the statutes and rules which were violated are set out in the attached Statement of Deficiencies which are incorporated by reference as though fully set out herein.

Appeal Notice – You have the right to contest the above action by filing a petition for a contested case hearing with the Office of Administrative Hearings within thirty (30) days of mailing of this letter. *Please write the facility's Mental Health License (MHL) number at the top of your petition.* For complete instructions on the filing of petitions, please contact the Office of Administrative Hearings at (919) 431-3000. The mailing address for the Office of Administrative Hearings is as follows:

**MENTAL HEALTH LICENSURE & CERTIFICATION SECTION**

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION**

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603  
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718  
[www.ncdhhs.gov/dhsr](http://www.ncdhhs.gov/dhsr) • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Division of Health Service Regulation  
Mental Health Licensure and Certification Section  
(Top portion completed by DHSR staff)

Facility Name: Jasper's House Day Treatment \_\_\_\_\_ MHL Number: 060-1263\_

Rule Violation/Tag #/Citation Level: (Administrative Action and Crosses) \_\_\_\_\_ 10A NCAC 27G Personnel Requirements (V108) crossed into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals for a Type B Imposed. \_\_\_\_\_

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**Plan of Protection – Completed by Facility Staff**

(Attach additional pages if needed)

What immediate action will the facility take to ensure the safety of the consumers in your care? Effective 9-2-2021 Staff was given a brief training on what to do to defuse situations that arise on the van while transporting their students. The training on yesterday was to ensure each driver understood the triggers of clients they are transporting. They were given a CIP (Crisis Intervention Plan) on each consumer they transport. In addition to meeting with each client to see what their personal triggers are. Staff also implemented assigned seating to ensure clients were not sitting next to peers that may trigger them. ARJ QA/QI Director is also putting in place additional trainings for all staff to understand cultural competency as well as being aware of mental health Diagnoses. Dr. Kendell Jasper will conduct trainings and utilize outside resources as well. Trainings are set to be completed by September 18 2021.

Describe your plans to make sure the above happens.

**CITATION LEVEL:** Number of days from survey exit for citation correction

**Type A** = 23 days      **Type B** = 45 days

**Uncorrected Type A or Type B Imposed** = provider should provide written notification of intended correction date

Facility Staff completing this form:

Ken Jones  
Name/Title

9-22-2021  
Date

**CITATION LEVEL:** Number of days from survey exit for citation correction

**Type A** = 23 days      **Type B** = 45 days

**Uncorrected Type A or Type B Imposed** = provider should provide written notification of intended correction date