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Division of Health Service Regulation

		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
'	IDENTIFICATION NOWBER.	A. BUILDING: _		COMPL	ILED
	MIII 040 457	B WING		1	
				10/2	1/2021
PPLIER			TE, ZIP CODE		
			i		
UMMARY STAT		<u>,                                      </u>		N	(X5)
I DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE	COMPLETE DATE
MMENTS		V 000			
I. The comp	plaint was unsubstantiated				
0A NCAC 2 Staff Secure	27G 1700 Residential				
Residential	Tx. Child/Adol - Min.	V 296			
MENTS fied profess or page. A control of the facility of direct can be seven or end or adolesce of direct can of adolesce of direct can of direct	ional shall be available by direct care staff shall be by within 30 minutes at all aber of direct care staff or adolescents are as follows:  The staff shall be present for children or adolescents; care staff shall be present bight children or are staff shall be present for elve children or aber of direct care staff sent sleep hours is as the staff shall be present				
	UMMARY STATE DEFICIENCY LATORY OR LS  I and follow I. The complete Cool 182070 is licensed OA NCAC 2 Staff Secures.  Residential 27G .1704 MENTS fied professor page. A sch the facilitation number childrend awake is a proper of the cool in the coo	MHL049-157  PPLIER STREET ADE  130 SAINT  STATESVII  UMMARY STATEMENT OF DEFICIENCIES H DEFICIENCY MUST BE PRECEDED BY FULL LATORY OR LSC IDENTIFYING INFORMATION)  MMENTS  It and follow up survey was completed I. The complaint was unsubstantiated C00182070). Deficiencies were cited.  It is licensed for the following service OA NCAC 27G 1700 Residential Citaff Secure for Children or St.  Residential Tx. Child/Adol - Min.  27G .1704 MINIMUM STAFFING MENTS Tied professional shall be available by or page. A direct care staff shall be soft the facility within 30 minutes at all minimum number of direct care staff then children or adolescents are di awake is as follows: yo direct care staff shall be present for aree or four children or adolescents; aree direct care staff shall be present seven or eight children or leven or twelve children or	MHLO49-157  B. WING	PPUER STREET ADDRESS, CITY, STATE, ZIP CODE  130 SAINT JILL CIRCLE  STATESVILLE, NC 28625  UMMARY STATEMENT OF DEFICIENCIES I DEFICIENCY MUST BE PRECEDED BY FULL LATORY OR LSC IDENTIFYING INFORMATION)  MMENTS  I and follow up survey was completed I. The complaint was unsubstantiated 200182070). Deficiencies were cited. Is licensed for the following service DA NCAC 27G 1700 Residential Staff Secure for Children or Staff Secure for Children or Staff Secure for Children or I awake is as follows: I direct care staff shall be eith the facility within 30 minutes at all minimum number of direct care staff shall be present seven or eight children or Staff Secure staff shall be present seven or eight children or Staff Secure staff shall be present seven or eight children or Staff Secure staff shall be present seven or eight children or Staff Secure staff shall be present seven or eight children or Staff Secure staff shall be present seven or eight children or Staff Secure staff shall be present seven or eight children or Staff Secure staff shall be present seven or eight children or Staff Secure staff shall be present seven or twelve children or Staff Secure staff shall be present seven or eight children or Staff Secure staff shall be present seven or twelve children or Staff Secure staff shall be present seven or twelve children or Staff Secure staff shall be present all be awake for one through four adolescents; I will direct care staff shall be present all be awake for five through eight adolescents; and	PPLIER  STREET ADDRESS, CITY, STATE, 2IP CODE  130 SAINT JILL CIRCLE  STATESVILLE, NC 28625  UMMARY STATEMENT OF DEFICIENCIES I DEFICIENCY MUST BE PRECEDED BY FULL ATORY OR LISC IDENTIFYING INFORMATION)  MMENTS  Land follow up survey was completed I. The complaint was unsubstantiated 200182070). Deficiencies were cited. Is is licensed for the following service DA NCAC 27G 1700 Residential Staff Secure for Children or S.  Residential Tx. Child/Adol - Min.  V 296  27G .1704 MINIMUM STAFFING MENTS  Residential Tx. Child/Adol on min.  V 296  27G .1704 MINIMUM STAFFING MENTS  Residential Tx. child/Adol on min.  V 296  27G .1704 MINIMUM STAFFING MENTS  Residential Tx. child/Adol on min.  V 296  27G .1704 MINIMUM STAFFING MENTS  Residential Tx. child/Adol on min.  V 296  27G .1704 MINIMUM STAFFING MENTS  Residential Tx. child/Adol on min.  V 296  27G .1704 MINIMUM STAFFING MENTS  Residential Tx. child/Adol on min.  V 296  27G .1704 MINIMUM STAFFING MENTS  Residential Tx. child/Adol on min.  V 296  27G .1704 MINIMUM STAFFING MENTS  Residential Tx. child/Adol on min.  V 296  27G .1704 MINIMUM STAFFING MENTS  Residential Tx. child/Adol on min.  V 296  27G .1704 MINIMUM STAFFING MENTS  Residential Tx. child/Adol on min.  V 296  27G .1704 MINIMUM STAFFING MENTS  Residential Tx. child/Adol on min.  V 296  27G .1704 MINIMUM STAFFING MENTS  Residential Tx. child/Adol on min.  V 296  27G .1704 MINIMUM STAFFING MENTS  Residential Tx. child/Adol on min.  V 296  27G .1704 MINIMUM STAFFING MENTS  Residential Tx. child/Adol on min.  V 296  27G .1704 MINIMUM STAFFING MENTS  Residential Tx. child/Adol on min.  V 296  27G .1704 MINIMUM STAFFING MENTS  Residential Tx. child/Adol on min.  V 296  27G .1704 MINIMUM STAFFING MENTS  Residential Tx. child/Adol on min.  V 296  27G .1704 MINIMUM STAFFING MENTS  Residential Tx. child/Adol on min.  V 296  27G .1704 MINIMUM STAFFING MENTS  Residential Tx. child/Adol on min.  V 296  27G .1704 MINIMUM STAFFING MENTS  Residential Tx. child/Adol on min.  V 296  Residential Tx. child/Adol on min.  V 2

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		MHL049-157	B. WING			R-C 0/ <b>21/2021</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE		
BLUE HO	DIZONS	130 SAIN	T JILL CIRCLE			
BLUE HU	RIZONS	STATESV	/ILLE, NC 28625			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 296	Continued From page	e 1	V 296			
	asleep for nine, ten, e adolescents.  (d) In addition to the care staff set forth in Rule, more direct care the facility based on t individual needs as splan.  (e) Each facility shall supervision of childre are away from the face	awake and the third may be eleven or twelve children or minimum number of direct Paragraphs (a)-(c) of this e staff shall be required in he child or adolescent's pecified in the treatment  be responsible for ensuring n or adolescents when they cility in accordance with the individual strengths and the treatment plan.				
	direct care staff were adolescent. The finding of the discount of the finding of the discount	riew, interviews, and lity failed to ensure two present for one child or ngs are:  21/21 from approximately evealed: 1 were the only 2 individuals sional (QP) arrived at im.  of client #2's record  f 9/7/21; old;				
	-Diagnoses included Disorder, Mild Canna	Oppositional Defiant bis Use Disorder, Severe				

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AND PLAN OF CORRECTION	) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FEAR OF GORREGHOR	IDENTIFICATION NOMBER.	A. BUILDING: _			
	MHL049-157	B. WING		R-C <b>10/21/2021</b>	
NAME OF PROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE		
BLUE HORIZONS		JILL CIRCLE			
		LE, NC 28625			
PREFIX (EACH DEFICIENCY MU	IENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 296 Continued From page 2		V 296			
Tobacco Related Disorde physical and sexual abus -A treatment plan dated 9 "will receive one on one within the community, at a residential facility, and what the community and to school interview on 10/21/21 with was not unusual for her to one staff.  Review on 10/21/21 of clitreatment plans revealed, one support from staff with school, within the resident being transported in the conscheduled appointments. Interview on 10/21/21 with -There was typically 2 statimes; -The QP was late arriving she was stuck in traffic.  Interview on 10/21/21 with -She was aware that two at the facility while clients -"It's (1 staff and 1 client is something that we do often soon as the other staff lef -She had completed the tofor clients #1, #2, and #3 within the residential facility within the resident	de'  2/3/21 that included, de support from staff school, within the men being transported in meduled appointments."  The client #1 revealed it to be at the facility with  Idents #1 and #2's In the community, at that facility, and when community and to  The staff #1 revealed:  If with the clients at all The at the facility because  The the QP revealed:  If were present; If the facility) not  If the facility in t	V 296			

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