

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL066-024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/15/2021
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NAME OF PROVIDER OR SUPPLIER FAMILY ADVANTAGE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3104 HWY 301 N GARYSBURG, NC 27831
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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>A follow up survey was completed on October 15, 2021. Deficiencies were 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 295	<p>27G .1703 Residential Tx. Child/Adol - Req. for A P</p> <p>10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS</p> <p>(a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1).</p> <p>(b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its associate professional(s). At a minimum these policies shall address the following:</p> <p>(1) management of the day to day day-to-day operations of the facility;</p> <p>(2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and</p> <p>(3) participation in service planning meetings.</p> <p>This Rule is not met as evidenced by: Based on interview, the facility failed to maintain</p>	V 295		

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

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V 295	<p>Continued From page 1</p> <p>at least one full-time direct care staff who meets or exceeds the requirements of an Associate Professional (AP). The findings are:</p> <p>Interview on 10/12/21 the House Manager reported:</p> <ul style="list-style-type: none"> -The AP worked second and third shift. -The AP worked one week 3rd, one week 2nd -The AP did not work full time when the clients were awake and present. <p>Interview on 10/12/21 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> -He was hired 6 months ago as the QP. -He was in the facility full time weekly. -He performed job duties of both QP and AP for the facility. -He was unaware of the duties to be performed by the AP. -He had not read the rules regarding the requirements for the AP. -The AP was in school full time during the day, and only available to work certain hours. <p>Interview on 10/12/21 the Consultant/Trainer reported:</p> <ul style="list-style-type: none"> -Was unaware of AP rule requirements -Was unaware of AP job duties -Would discuss the AP job duties and requirements in the next staff meeting to be held next week to ensure they met the rule requirement. <p>Interview on 10/15/21 the Director reported:</p> <ul style="list-style-type: none"> -Corrected the staffing issues by hiring additional staff after he was made aware on 10/12/21 -They moved the AP staff to 2nd shift (3pm-11pm). -After hiring new staff, and moving the AP to 	V 295		

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V 295	Continued From page 2 2nd shift, they had a total of 4 AP staff to meet the rule requirements.	V 295		
V 503	<p>27D .0103 Client Rights - Search And Seizure Policy</p> <p>10A NCAC 27D .0103 SEARCH AND SEIZURE POLICY</p> <p>(a) Each client shall be free from unwarranted invasion of privacy.</p> <p>(b) The governing body shall develop and implement policy that specifies the conditions under which searches of the client or his living area may occur, and if permitted, the procedures for seizure of the client's belongings, or property in the possession of the client.</p> <p>(c) Every search or seizure shall be documented. Documentation shall include:</p> <ol style="list-style-type: none"> (1) scope of search; (2) reason for search; (3) procedures followed in the search; (4) a description of any property seized; and (5) an account of the disposition of seized property. <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement their search and seizure policy affecting 3 of 3 clients (#1, #2 and #3). The findings are:</p> <p>Interview on 10/15/21 Staff #1 reported she:</p> <ul style="list-style-type: none"> -Worked for the facility part time over a 3 year span -Left the facility and came back to work part time 3-4 months ago -Worked for another company 	V 503		

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V 503	<p>Continued From page 3</p> <p>Monday-Thursday and only available to work certain days</p> <ul style="list-style-type: none"> -Performed room searches at the start of every shift -Would search the clients closets, backpacks and lunch boxes every time she worked -Supposed to document searches in the client's progress notes, but did not always do so -Last searched client rooms during her shift on 10/10/21 -Attended weekly staff meetings and trainings on different things -Did not attend the last staff meeting/training as she worked another job <p>Record review on 10/12/21 of the facility training log dated 7/16/21 revealed:</p> <ul style="list-style-type: none"> -Staff #1 was present at a training regarding search and seizure. <p>Interview on 10/15/21 the Director reported:</p> <ul style="list-style-type: none"> -All staff received training on search and seizure according to the rule in the last few months. -Staff #1 had only worked one day in the past 2 months. -Not aware Staff #1 had been doing room searches, "she may have been cleaning." -Would meet with staff #1 to retrain her on the process of search and seizure <p>This deficiency constitutes a re-cited deficiency.</p>	V 503		