

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-157	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/21/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BLUE HORIZONS	STREET ADDRESS, CITY, STATE, ZIP CODE 130 SAINT JILL CIRCLE STATESVILLE, NC 28625
--	---

(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 complaint and follow up survey was completed on 10/21/21. The complaint was unsubstantiated (intake #NC00182070). 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 296	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS</p> <p>(a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times.</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present</p>	V 296	<p>DHSR - Mental Health</p> <p>NOV 10 2021</p> <p>Lic. & Cert. Section</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-157	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/21/2021
--	---	---	--

NAME OF PROVIDER OR SUPPLIER BLUE HORIZONS	STREET ADDRESS, CITY, STATE, ZIP CODE 130 SAINT JILL CIRCLE STATESVILLE, NC 28625
--	---

(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 296	<p>Continued From page 1</p> <p>of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on records review, interviews, and observations, the facility failed to ensure two direct care staff were present for one child or adolescent. The findings are:</p> <p>Observations on 10/21/21 from approximately 10:50am - 11:45am revealed: -Client #2 and staff #1 were the only 2 individuals present at the facility; -The Qualified Professional (QP) arrived at approximately 11:45am.</p> <p>Review on 10/21/21 of client #2's record revealed: -An admission date of 9/7/21; -An age of 17 years old; -Diagnoses included Oppositional Defiant Disorder, Mild Cannabis Use Disorder, Severe</p>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-157	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/21/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BLUE HORIZONS	STREET ADDRESS, CITY, STATE, ZIP CODE 130 SAINT JILL CIRCLE STATESVILLE, NC 28625
--	---

(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 296	<p>Continued From page 2</p> <p>Tobacco Related Disorder and a history of physical and sexual abuse' -A treatment plan dated 9/3/21 that included, "...will receive one on one support from staff within the community, at school, within the residential facility, and when being transported in the community and to scheduled appointments."</p> <p>Interview on 10/21/21 with client #1 revealed it was not unusual for her to be at the facility with one staff.</p> <p>Review on 10/21/21 of clients #1 and #2's treatment plans revealed, "...will receive one on one support from staff within the community, at school, within the residential facility, and when being transported in the community and to scheduled appointments."</p> <p>Interview on 10/21/21 with staff #1 revealed: -There was typically 2 staff with the clients at all times; -The QP was late arriving at the facility because she was stuck in traffic.</p> <p>Interview on 10/21/21 with the QP revealed: -She was aware that two staff were required to be at the facility while clients were present; -"It's (1 staff and 1 client in the facility) not something that we do often...I couldn't make it as soon as the other staff left;" -She had completed the treatment plans reviewed for clients #1, #2, and #3 and the one on one within the residential facility was "just a typo."</p>	V 296		

**Horizons Kids LCC
Plan of Correction Form
Plan of Correction**

Horizons Kids LLC 5936 Monroe Rd. Charlotte NC 28212	
---	--

Provider Name:	Horizons Kids, LLC		
Provider Contacts	Eric Little, Owner (Eric.Little@horizonsk.com) 704-458-7189 Admin Notification (admin@horizonsk.com)	Fax:	336-458-9695
Service Address:	Horizons Kids LLC 130 Saint Jill Circle Statesville NC 28625 Provider# MHL-049-157		

Finding	Corrective Action Steps/Prevention of Reoccurrence	Responsible Party/How Often	Time Line
10A NCAC 27G.1704 Minimum Staffing Requirements/Tag V296/Standard	<p>Horizons Kids Executive Management Team (Owner, Executive Director, Quality Assurance Consultant, and License Professional) will conduct a staff training educating staff on 10A NCAC 27G.1704 Minimum Staffing Requirements.</p> <p>Horizons Kids will create a new procedure for an on-call staff schedule (Direct Care Staff) to ensure that a Direct Care Staff is able to reach the facility within 30 mins at all times and Horizons Kids is in compliance with NCAC 27G.1704.</p> <p>QP & AP will monitor the On-Call schedule daily and if the on call Direct Staff is unable to cover, then the QP and/or AP will cover the shift to ensure Minimum Staffing.</p>	<p>Executive Management Team/11/02/21/1x Occurrence</p> <p>Qualified Professional /11/01/21/On-going</p> <p>Qualified Professional & Associate Professional 11/01/2021/On-going</p>	<p>Implementation Date: 11/01/2021</p> <p>Projected Completion Date: 12/20/21/On-Going</p>

	<p>QP will be responsible for ensuring the supervision of the clients when they are away from the facility will be in accordance with the client's individual strengths and needs specified in the Person Center Plan/Treatment Plan.</p> <p>LP will review PCP's and Treatment Plans Monthly during and after each client's CFT.</p>	<p>QP 11/01/21 weekly/monthly/On-going</p> <p>LP 11/01/21/Monthly/On-going</p>	
--	---	--	--



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

October 25, 2021

Eric Little, Owner
Horizons Kids, LLC
5936 Monroe Road
Charlotte, NC 28212

Re: Complaint and Follow Up Survey completed October 21, 2021
Blue Horizons, 130 Saint Jill Circle, Statesville, NC 28625
MHL # 049-157
E-mail Address: eric.little@horizonsk.com
Intake #NC00182070

Dear Mr. Little:

Thank you for the cooperation and courtesy extended during the complaint and follow up survey completed October 21, 2021. The complaint was unsubstantiated.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- The tag cited is a standard level deficiency.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is December 20, 2021.

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 • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

October 25, 2021
Blue Horizons
Eric Little, Owner

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Barbara Perdue at (336) 861-6283.

Sincerely,



Sheri Spicer
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: QM@partnersbhm.org
qmemail@cardinalinnovations.org
dhhs@vayahealth.com
DHSRreports@eastpointe.net
[DHSR Letters@sandhillscenter.org](mailto:DHSR_Letters@sandhillscenter.org)
Leza Wainwright, Director, Trillium Health Resources LME/MCO
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO
Pam Pridgen, Administrative Assistant

Horizons Kids LLC

MHL #049-157

5936 Monroe Road
Charlotte, NC 28212
(980) 434-5328
www.HorizonsK.com

November 1, 2021

Private & Confidential

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Subject: Horizons Kids LLC
MHL: 049-157

Dear Sir/Madam,

Please find attached the Plan of Correction for MHL# 049-157 for your review as well as a copy of the October 25, 2021 violation citation.

Please note that the violation 10A NCAC 27G.1704 Minimum Staffing Requirements was violated as we had one client in the facility with two staff. All three people were leaving the facility at the same time, however, one staff member left the house while the other staff member and client were still getting ready to leave. Coincidentally, surveyor Sheri Spicer arrived at the same time and witnesses the first staff member driving away. Technically, we were in violation of this rule and acknowledge this.

We are having a training with staff on Tuesday, November 2nd to discuss this rule and how to avoid being out of compliance. Had the client and staff person left the house first, then the other staff left after them, we would have been in compliance with this rule.

We have also hired a new Qualified Professional with over 10 years of experience. We hope that this addition to our team will help with not just training, but lower turnover and increase company morale.

If you have any questions, please do not hesitate to call me at (980) 498-9893.

Very truly yours,

Eric Little

Eric Little – Owner
Horizons Kids LLC

DHSR - Mental Health

NOV 10 2021

Lic. & Cert. Section

5936 Monroe Road
Charlotte, NC 28212
704-919-1754