Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL001-149	B. WING		12/1	; 0/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
JUST IN	TIME YOUTH SERVICE	:FS	ES STREET TON, NC 27	215		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	-S	V 000			
	10, 2021. The comp	was completed on December plaint was substantiated 47). Deficiencies were cited.				
		sed for the following service C 27G .1700 Residential cure for Children or				
	The survey sample current clients, 2 for	consisted of audits of 2 rmer clients.				
V 364	G.S. 122C- 62 Add Facilities	litional Rights in 24 Hour	V 364			
	Facilities.	nal Rights in 24-Hour				
	(a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary;					
	(2) Contact and co and at no cost to the physicians, and prividevelopmental disa professionals of his	nsult with, at his own expense e facility, legal counsel, private vate mental health, bilities, or substance abuse				
	restricted by the fac exercise these right	I in this subsection may not be cility and each adult client may as at all reasonable times.				
	of this section, each treatment or habilita times keeps the rigi	ided in subsections (e) and (h) and adult client who is receiving ation in a 24-hour facility at all to: ive confidential telephone				

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

TITLE (X6) DATE

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL001-149	B. WING			0/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
JUST IN	TIME YOUTH SERVICE	EFS	ES STREET			
	T		TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
V 364	Continued From pa	ge 1	V 364			
	calls. All long distarthe client at the time collect to the receive (2) Receive visitors a.m. and 9:00 p.m. hours daily, two hours daily two hours as upervision with indupon the consent of (4) Make visits out unless: a. Commitment pour the result of the clieviolent crime, include assault with a dead respondent was four insanity or incapable. The client was committed to the facommitment to a consistency of the commitment to a consistency or c. The client is be to proceed pursuant A court order may expenditions prescribed (5) Be out of doors facilities and equipment in the conditions of the conditions of the conditions prescribed (5) Be out of doors facilities and equipment in the conditions of th	nce calls shall be paid for by e of making the call or made ing party; she between the hours of 8:00 for a period of at least six curs of which shall be after 6:00 ng shall not take precedence and meet under appropriate dividuals of his own choice of the individuals; side the custody of the facility roceedings were initiated as ent's being charged with a ding a crime involving an ly weapon, and the und not guilty by reason of e of proceeding; voluntarily admitted or cility while under order of correctional facility of the correction of the Department of the Department of the ding held to determine capacity at to G.S. 15A-1002; expressly authorize visits dip the existence of the end by this subdivision; a daily and have access to ment for physical exercise ek; ibited by law, keep and use and possessions, unless the to determine capacity to of G.S. 15A-1002;				

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Division	of Health Service Re	egulation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL001-149	B. WING		12/1) 0/2021
NAME OF				2747F 7/D 00DF	, , , , ,	O/LUL I
NAME OF	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
JUST IN TIME YOUTH SERVICES 1710 SYP BURLING		TON, NC 27				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 364	Continued From pa	ge 2	V 364			
	prohibited by Chaptand (10)Have access to his private use. (c) In addition to the 122C-51 through G 122C-59 through G who is receiving tre 24-hour facility has proper adult supervecognition of the mindividual, the mino opportunities to enal emotionally, intelled vocationally. In view and intellectual immediate 24-hour facility shall structure, supervision the rights given to the The facility shall also reasonable efforts to client receives treat adult clients unless minor client with the did to the Each minor client with habilitation from a 2 (1) Communicate a guardian or the age custody of him; (2) Contact and coor that of his legally cost to the facility, lephysicians, private disabilities, or subsitis or his legally resident and cothere is a client advitation to the substitute of the facility, lephysicians, private disabilities, or subsitis or his legally resident advitation to the facility of	able him to mature physically, ctually, socially, and of the physical, emotional, naturity of the minor, the lil provide appropriate on and control consistent with the minor pursuant to this Part. To, where practical, make to ensure that each minor the treatment needs of the otherwise. Who is receiving treatment or each consult with his parents or ency or individual having legal msult with, at his own expense of responsible person and at no egal counsel, private mental health, developmental tance abuse professionals, of sponsible person's choice; and nsult with a client advocate, if				

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If continuation sheet 3 of 9 HNG411

ווטופועום	Division of Health Service Regulation							
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
					_			
		MHL001-149	B. WING		12/1	, 0/2021		
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS CITY S	STATE, ZIP CODE				
	1710 SY							
JUST IN TIME YOUTH SERVICES			TON, NC 27	215				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE		
V 364	Continued From pa	ge 3	V 364		ļ			
	restricted by the face may exercise these (d) Except as provof this section, each treatment or habilitathe right to: (1) Make and recedistance calls shall time of making the receiving party; (2) Send and receiving materials, powhen necessary; (3) Under approprivisitors between the p.m. for a period of hours of which shall visiting shall not take therapies; (4) Receive special training in accordance (5) Be out of doors recreation, and phy basis in accordance (6) Except as prohipersonal clothing a appropriate superviheld to determine of G.S. 15A-1002; (7) Participate in re(8) Have access to of his own money; (10) Retain a driver prohibited by Chapice) No right enume of this section may	cility and each minor client rights at all reasonable times. ided in subsections (e) and (h) in minor client who is receiving ation in a 24-hour facility has live telephone calls. All long be paid for by the client at the call or made collect to the ve mail and have access to ostage, and staff assistance at supervision, receive a hours of 8:00 a.m. and 9:00 at least six hours daily, two I be after 6:00 p.m.; however are precedence over school or all education and vocational nee with federal and State law; a daily and participate in play, sical exercise on a regular with his needs; ibited by law, keep and use and possessions under sion, unless the client is being apacity to proceed pursuant to beligious worship; of individual storage space for personal belongings; of and spend a reasonable sum						

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:			
		MHL001-149	B. WING			0/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
JUST IN	TIME YOUTH SERVICE	FS	ES STREET TON, NC 27	215		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
V 364	Continued From pa	ge 4	V 364			
	formulation of the coplan. A written state client's record that if for the restriction. Treasonable and relahabilitation needs. A period not to excee each restriction shadualified profession at which time the reEach evaluation of documented in the rights may be renewstatement entered If the client's record the client's record the client who has not be in each instance of of a restriction of right the client shall, use notified of the reit. In the case of a radult client, the legate be notified of each or renewal of a restreason for it. Notificindividual or legally documented in writing the restreason for it.	lient's treatment or habilitation ment shall be placed in the ndicates the detailed reason he restriction shall be ated to the client's treatment or a restriction is effective for a d 30 days. An evaluation of all be conducted by the all at least every seven days, striction may be removed. It is record. Restrictions on wed only by a written by the qualified professional in the states the reason for the diction. In the case of an adult be peen adjudicated incompetent, an initial restriction or renewally the professional in the consent of the client, striction and of the reason for ninor client or an incompetent ally responsible person shall instance of an initial restriction riction of rights and of the ation of the designated responsible person shall be ng in the client's record.				
	staff failed to ensur receive confidential of two current client	et as evidenced by: views and interviews, facility e clients could make and telephone calls affecting two s (#1 and #2) and two of two 3 and FC#4). The findings				

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Division of Health Service Regulation						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		MUI 004 440	B. WING			
		MHL001-149			12/1	0/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
1710 SYP		ES STREET				
JUST IN	TIME YOUTH SERVICE	:FS	TON, NC 27			
0.0.15	CUMMA DV CTA		-		NI.	(245)
(X4) ID PREFIX		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIES		DATE
				DEFICIENCY)		
V/ 0C4	O	F	V/ 204			
V 364	Continued From pa	ge 5	V 364			
	are:					
	a. Review on 12/8/2	21 of client #1's record				
	revealed:					
	-Admission date 4/2	29/21.				
		uptive Mood Dysregulation				
		ectual Disability, Autism,				
		peractivity Disorder and Post				
	Traumatic Stress D					
	-He was 11 years o					
		umentation in his record to				
		monitor his phone calls.				
	Indicate Stair could	monitor nio priorio cano.				
	b Review on 12/8/2	21 of client #2's record				
	revealed:					
	-Admission date 6/	17/21				
		m Spectrum Disorder,				
		peractivity Disorder,				
		Mild Intellectual Disability.				
	-He was 13 years o					
		umentation in his record to				
		monitor his phone calls.				
	Indicate Stair could	monitor nio priorio cano.				
	c. Review on 12/8/2	21 of FC #3's record revealed:				
	-Admission date 12					
		Intellectual Disability,				
		nt Disorder, Attention Deficit				
		der, Fetal Alcohol Syndrome				
	and Learning Disor					
	-He was 14 years o					
	-He was discharged					
		umentation in his record to				
		monitor his phone calls.				
	maioate stail could	monitor nis priorie cais.				
	d Review on 12/8/3	21 of FC #4's record revealed:				
	-Admission date 10					
		ition Deficit Hyperactivity				
		Mood Dysregulation Disorder				
	and Autism Spectru					
	-He was 17 years o	iu.				

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AND PLAN OF CORRECTION IDE	OVIDER/SUPPLIER/CLIA ENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVI	
AND LEW OF CONTROL INC.	INTII IO/MIOIN NOMBER.	A. BUILDING:			
N	1HL001-149	B. WING		12/1	; 0/2021
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
JUST IN TIME YOUTH SERVICES	ES STREET TON, NC 27	215			
(X4) ID SUMMARY STATEMENT PREFIX (EACH DEFICIENCY MUST BI TAG REGULATORY OR LSC IDENT	E PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 364 Continued From page 6 -He was discharged on 11/ -There was no documental indicate staff could monitor. Interview on 12/8/21 with could represent the timeWhen he talked to his more phone on speaker. Interview on 12/8/21 with could represent the phone staff in calls with his fatherHe didn't talk on the phone staff in calls with his fatherHe had to put the phone of talked to his fatherHe was not sure why the comonitored. Interview on 12/8/21 with Foundational endors a phone calls on speakerHe had an issue with that have a private conversation sometimesHe asked why the calls has staff said it was the rules on the phone on speakerHe had an issue with staff calls when he lived at the gown the phone on speakerHe could never have a private conversation speaker.	tion in his record to r his phone calls. Ilient #1 revealed: In the phone. It calls with his mother ther he had to put the calls with his mother ther he had to put the short there had to put the honitored his phone on speaker while he calls had to be If C #3 revealed: If Ill home staff whenever he talked on they must put the call because he wanted to n with his mother and to be monitored and for the group home. If C #4 revealed: If monitoring their phone group home. It is family, he had to put wate conversation. In had to put the phone	V 364			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING.			
		MHL001-149	B. WING			, 0/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
JUST IN TIME YOUTH SERVICES			ES STREET	-4-5		
		TON, NC 27		ON	0.450	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 364	Continued From pa	ge 7	V 364			
	-They don't monitor clientsThey only monitor had to put the phon #1 talked with his make and recalls. Interview with staff -They monitored cawhenever they are -Client #1 actually have speaker when he tales.	ity staff failed to ensure clients beive confidential telephone #2 on 12/9/21 revealed: alls for all of the clients				
	and 12/9/21 revealed. The clients in this stalked on the phone of these clien other than client #1 - Client #1's grandment had requested his to be monitored by starshe confirmed fact clients could make telephone calls. Interview with the Frevealed: - He knew staff mor with his mother He thought the other privacy when they to	nome had privacy when they e. nts calls had to be monitored . nother was his guardian. She elephone calls with his mother				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:		C	
		MHL001-149	B. WING		12/1	0/2021
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
JUST IN	TIME YOUTH SERVICE	:FS	ES STREET TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 364	Continued From pa	ge 8	V 364			
	monitoredHe confirmed facili	ity staff failed to ensure clients beive confidential telephone				
	Interview with the Con 12/9/21 revealed -Staff did monitor of -They had to monitor was on the phone with the consumption of want client #1 to phone unsupervised -She knew staff had with his mother on supervised -She did not know supervised the phone on speak -She confirmed factors.	lients phone calls. or client #1's phones calls if he with his mother. was his guardian and she does alking with his mother on the d. d client #1 put his phone calls				

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