

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-149	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2021
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NAME OF PROVIDER OR SUPPLIER JUST IN TIME YOUTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1710 SYKES STREET BURLINGTON, NC 27215
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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>An annual and complaint survey was completed on 11/4/21. The complaint was unsubstantiated (intake #NC00182002). 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 500	<p>27D .0101(a-e) Client Rights - Policy on Rights</p> <p>10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS</p> <p>(a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66.</p> <p>(b) The governing body shall develop and implement policy to assure that:</p> <p>(1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and</p> <p>(2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications.</p> <p>(c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies:</p> <p>(1) any restrictive intervention that is prohibited from use within the facility; and</p> <p>(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.</p> <p>(d) If the governing body allows the use of</p>	V 500	<p>The clients rights committee will meet quarterly to discuss restrictive interventions related to all clients in the group home. During the meeting the committee will discuss all options of interventions that could vary due to certain client behaviors, as well as securing their personal property that locks on closets are an option, and that <u>client will have access to a key to their closet, if locks on the closets are chosen to be acceptable by the committee.</u></p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATE FORM

6899

DTGL11

If continuation sheet 1 of 4

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<p>V 500</p>	<p>Continued From page 1</p> <p>restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to implement interventions to address behaviors which did not restrict the rights for one of three clients (#1). The findings are:</p>	<p>V 500</p>		
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V 500	<p>Continued From page 2</p> <p>Observation of facility on 11/3/21 at approximately 2:35 pm revealed: -Client #1 and client #2's bedroom-There was a lock on client #1's closet. Client #1's clothing was in the locked closet.</p> <p>Review on 11/3/21 of General Statue 122C-62 revealed "A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional (QP) at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's records."</p> <p>Review on 11/3/21 of client #1's record revealed: -Admission date 4/29/21. -Diagnoses of Disruptive Mood Dysregulation Disorder, Mild Intellectual Disability, Autism, Attention Deficit Hyperactivity Disorder and Post Traumatic Stress Disorder. -Date of birth was 11/30/10. -There was no evidence of a written statement for client #1 detailing restrictions of personal possessions or evidence of an evaluation of each restriction reviewed at least every seven days by the Qualified Professional.</p> <p>Interview on 11/3/21 with the Home Manager revealed: -Client #1's closet was locked because he would smear feces on his clothing. -She thought client #1 was admitted to the facility earlier this year. -They started locking his closet as soon as he</p>	V 500		
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V 500	<p>Continued From page 3 was admitted around March or April 2021. -She did not realize locking client #1's clothes in the closet was considered a rights restriction. -She confirmed client #1's rights were being restricted.</p> <p>Interview on 11/4/21 with the Program Director revealed:</p> <ul style="list-style-type: none">-The agency had been locking up clients personal items for a while.-The agency did not meet with the human rights committee prior to locking up client #1's clothing. - He confirmed client #1's rights were being restricted.	V 500		
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