

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-226	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/30/2022
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NAME OF PROVIDER OR SUPPLIER FOUNDATION STRONG, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1677 BANBRIDGE ROAD KERNERSVILLE, NC 27285
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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 complaint survey was completed on 3/30/22. The complaint was substantiated (intake #NC00187271). 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> <p>This facility is licensed for 4 and currently has a census of 4. the survey sample consisted of audits of 1 current client.</p>	V 000		
V 300	<p>27G .1708 Residential Tx. Child/Adol - Trans or dischg</p> <p>10A NCAC 27G .1708 TRANSFER OR DISCHARGE</p> <p>(a) The purpose of this Rule is to address the transfer or discharge of a child or adolescent from the facility.</p> <p>(b) A child or adolescent shall not be discharged or transferred from a facility, except in case of emergency, without the advance written notification of the treatment team, including the legally responsible person. For purposes of this Rule, treatment team means the same as the existing child and family team or other involved persons as set forth in Paragraph (c) of this Rule.</p> <p>(c) The facility shall meet with existing child and family teams or other involved persons including the parent(s) or legal guardian, area authority or county program representative(s) and other representatives involved in the care and treatment of the child or adolescent, including local Department of Social Services, Local Education Agency and criminal justice agency, to make service planning decisions prior to the transfer or discharge of the child or adolescent</p>	V 300		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 300	<p>Continued From page 1</p> <p>from the facility.</p> <p>(d) In case of an emergency, the facility shall notify the treatment team including the legally responsible person of the transfer or discharge of the child or adolescent as soon as the emergency situation is stabilized.</p> <p>(e) In case of an emergency, notification may be by telephone. A service planning meeting as set forth in Paragraph (c) of this Rule shall be held within five business days of an emergency transfer or discharge.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility staff failed to meet with existing child and family teams, or other required persons to make service planning decisions prior to the transfer or discharge of the adolescent from the facility affecting 1 of 1 client (#1). The findings are:</p> <p>Review on 3/29/22 of client #1's record revealed: -An age of 15 years old; -An admission date of 10/4/21; -Diagnoses that included Major Depressive Disorder and Generalized Anxiety; -A Child/Adolescent Discharge/Transition Plan dated 2/25/22 that included..."Expected Discharge Date 04/01/2022...The Child and Family Team will meet again on 3-28-2022 in order to follow-up on the discharge/transition plan and address potential barriers."</p> <p>Interview on 3/29/22 with client #1's guardian revealed: -Client #1 was scheduled to be discharged from the facility on 4/1/22;</p>	V 300		

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V 300	<p>Continued From page 2</p> <p>-At the last Child and Family Team (CFT) meeting on 2/25/22, she was informed by the Qualified Professional (QP) that the team was going to meet again on 3/28/22 to discuss client #1's progress and any changes;</p> <p>-The QP had notified her (date unknown) that the facility Owner instructed her to cancel the meeting and no reason was given as to why;</p> <p>-She was frustrated that the CFT meeting had been canceled because she had concerns that she wanted to express regarding the discharge of client #1.</p> <p>Interview on 3/29/22 with the QP revealed:</p> <p>-She had informed client #1's guardian that the CFT meeting scheduled for 3/28/22 had been canceled;</p> <p>-She was instructed by the facility Owner to cancel the meeting.</p> <p>Interview on 3/30/22 with the Owner revealed:</p> <p>-She had instructed the QP to notify client #1's guardian that the CFT meeting scheduled for 3/28/22 was canceled;</p> <p>-"What would it (the CFT meeting) have changed;"</p> <p>-"What barriers could there be;"</p> <p>-There was another client scheduled to be admitted once client #1 was discharged so it was not possible for anything to change as a result of the CFT meeting.</p>	V 300		