



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

March 24, 2022

Tonya Johnson
P.O. Box 1991
Wilson, NC 27894

Re: Complaint and Follow Up Survey completed 03/11/22
Miss Daisy's Gentlemen of The Future, 304 Fairview Avenue, Wilson, NC 27893
MHL # 098-100
E-mail Address: tgentlemenofthefuture@yahoo.com
Intake #NC00186390

Dear Ms. Johnson:

Thank you for the cooperation and courtesy extended during the complaint and follow up survey completed 03/11/22. 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

- 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 05/10/22.

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.**

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/dhss • TEL: 919-855-3795 • FAX: 919-715-8076

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

03/24/22

Miss Daisy's Gentlemen of The Future

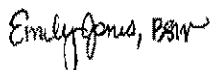
Ms. Johnson

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 Mall 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 Gloria Locklear at 910-214-0350.

Sincerely,



Emily Jones, BSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSRreports@eastpointe.net
Joy Futrell, CEO, Trillium Health Resources LME/MCO
Fonda Gonzales, Director of Quality Management, Trillium Health Resources LME/MCO
Pam Pridgen, Administrative Assistant

PRINTED: 03/23/2022
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/11/2022
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NAME OF PROVIDER OR SUPPLIER MISS DAISY'S GENTLEMEN OF THE FUTURE	STREET ADDRESS, CITY, STATE, ZIP CODE 304 FAIRVIEW AVENUE WILSON, NC 27894
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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 and follow up survey was completed on March 11, 2022. The complaint was unsubstantiated (Intake #NC00186390). A deficiency was 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 3 current clients, 1 former client.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be 	V 112		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Longa F. Johnson, Dr. MS

TITLE

(X6) DATE
4/4/2022

Division of Health Service Regulation

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V 112	Continued From page 1 obtained. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement strategies based on assessment for three of three current clients (#2, #3 and #4) and one of one former clients (FC) (#5). The findings are: Finding #1: Review on 03/08/22 of client #2's record revealed: - 13 year old male. - Admission date of 03/02/21. - Diagnoses of Conduct Disorder, Attention Deficit Hyperactivity Disorder, Combined type, Cannabis Abuse, Mild, Cocaine Use Disorder Review on 03/08/22 of client #2's Admission Assessment and Referral Assessment revealed: -"Referral application: Reason for Admission: Running away, past substance abuse. Dated 3/2/21 Admission Assessment dated: 3/2/21 Presenting problem: Elopement, past substance abuse." Review on 03/08/22 of client #2's Comprehensive Clinical Assessment(CCA)/Addendum dated 03/07/22 revealed: -"Client has eloped from the group home multiple time (at least 6)."	V 112	Quarterly monitoring will occur to prevent the problem from occurring again as Miss Daisy's Gentlemen of the Future's Ol will add "Elopements Addressed" to our PCP/Record Reviews	4/9/2022

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NAME OF PROVIDER OR SUPPLIER MISS DAISY'S GENTLEMEN OF THE FUTURE	STREET ADDRESS, CITY, STATE, ZIP CODE 304 FAIRVIEW AVENUE WILSON, NC 27804
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V 112	<p>Continued From page 2</p> <p>Review on 03/08/22 of client #2's Person-Centered Plan (PCP) revealed: - Date of plan 03/08/22. - No goals or strategies identified to address client #2's history of eloping behaviors.</p> <p>Finding #2: Review on 03/08/22 of client #3's record revealed: - 11 year old male. - Admission date of 05/04/21. - Diagnoses of Oppositional Defiant Disorder, Intermittent Explosive Disorder, Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder.</p> <p>Review on 03/08/22 of client #3's CCA dated 07/14/21 revealed: -"[Client #3] got a consequence due to not following a simple rule. He became upset and began cursing at the staff member. [Client #3] then left the facility twice where we could not find him."</p> <p>Review on 03/08/22 of client #3's PCP revealed: -Date of plan 02/08/22. -No goals or strategies identified to address client #2's history of eloping behaviors.</p> <p>Finding #3: Review on 03/08/22 of client #4's record revealed: - 14 year old male. - Admission date of 10/21/21. - Diagnoses of Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Disruptive Mood Disorder, Persistent Mood Affective Disorder</p> <p>Review on 03/08/22 of client #4's Admission</p>	V 112		

Division of Health Service Regulation

STATE FORM

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If continuation sheet 3 of 5

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V 112	<p>Continued From page 3</p> <p>Assessment dated 10/21/21 revealed: -Identify any risk taking behaviors: Fire setting, elopements."</p> <p>Review on 03/08/22 of client #4's CCA dated 10/15/21 revealed: -"[Client #4] struggles in his foster home as evidenced by leaving without permission and refusing to follow household rules."</p> <p>Review on 03/08/22 of client #4's PCP revealed: -Date of plan 02/09/22. -No goals or strategies identified to address client #4's history of eloping behaviors.</p> <p>Finding #4 Review on 03/10/22 of FC #5's record revealed: -11 year old male. -Admission date of 07/17/20. -Discharge date of 02/13/22. -Diagnoses of Oppositional Defiant Disorder, Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder.</p> <p>Review on 03/10/22 of FC #5's CCA dated 02/17/22 revealed: -"While in his current placement, he has eloped on numerous occasions..."</p> <p>Review on 03/10/22 of FC #5's PCP dated revealed: -Date of plan 02/21/22. -No goals or strategies identified to address FC #5's history of eloping behaviors.</p> <p>During Interview on 03/08/22 client #2 revealed: -He moved into the facility in March 2021. -He had eloped from the facility approximately 8 times.</p>	V 112		

Division of Health Service Regulation

STATE FORM

0499

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If continuation sheet 4 of 5

Division of Health Service Regulation

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V 112	<p>Continued From page 4</p> <p>During interview on 03/08/22 client #4 revealed: -He had lived at the facility for approximately 5 months. -He had eloped from the facility 3 times.</p> <p>During interview on 03/10/22 the Qualified Professional (QP)#2 revealed: -The Licensee/QP #1 completed the treatment plans for each client. -Several elopements at the facility from the current clients and a FC #5. -if the clients elopes the staff completes an extensive search and then the police are called.</p> <p>During interview on 03/11/22 the Licensee/QP #1 revealed: -She was responsible for completing the treatment plans for each client at the facility. -She would include the elopement behaviors in each of the treatment plans.</p>	V 112		