

**Plan of Correction Form**

Plan of Correction	
<p>Please complete <u>all</u> requested information and mail completed Plan of Correction form to:</p> <p><b>Gina McLain</b>                      Facility Compliance Consultant I                      Mental Health Licensure &amp; Certification Section</p> <p>Mental Health Licensure and Certification Section                      NC Division of Health Service Regulation                      2718 Mail Service Center                      Raleigh, NC 27699-2718</p>	<p>In lieu of mailing the form, you may e-mail the completed electronic form to:</p> <p align="center"> <a href="mailto:gina.mclain-everhart@dhhs.nc.gov">gina.mclain-everhart@dhhs.nc.gov</a>  <a href="mailto:DHSR@Alliancebhc.org">DHSR@Alliancebhc.org</a>  <a href="mailto:DHSRreports@eastpointe.net">DHSRreports@eastpointe.net</a>  <a href="mailto:Pam.Pridgen@dhhs.nc.gov">Pam.Pridgen@dhhs.nc.gov</a> </p>

Provider Name:	TGH Behavioral Health Services, Inc.	Provider ID #:	MHL080-216	Phone:	704-603-7023; 336-505-9606
Provider Contact Person for follow-up:	Tonya Rankin, CEO/Agency Director; Keshea Montgomery, QA/QI & Compliance Director			Fax:	704-754-5975
Provider Address:	1335 WEST RIDGE ROAD SALISBURY, NC 28147			Email:	<a href="mailto:trankintghbehavioral@gmail.com">trankintghbehavioral@gmail.com</a> and <a href="mailto:klmconsulting2009@gmail.com">klmconsulting2009@gmail.com</a>
Review Type:	Targeted Review	Date of Review:	04/25/2022	Concern/ Grievance/ Incident #:	N/A

Finding	OOC Code	Corrective Action Steps	Responsible Party	Time Line
<p><b>A limited follow up survey for the Type B rule violation was completed on April 25, 2022. The was a limited follow up survey only 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109), 10A NCAC 27G .0209(c) Medication Requirements (V118) and 10A NCAC 27G .1704 Minimum Staffing Requirements (V296) were reviewed for compliance. The following were brought back into compliance 10A NCAC 27G.0203 Competencies of Qualified Professionals and Associate Professionals (V109), 10A NCAC 27G .0209(c) Medication Requirements (V118)</b></p>		<p>TGH Behavioral Health Services, Inc. will adhere to 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>Included in the Plan of Correction</p> <ul style="list-style-type: none"> <li>• Indicate what measures will be put in place to <i>correct</i> the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).</li> </ul> <ol style="list-style-type: none"> <li>1. Agency QP will review with the clients clinical team and individually assess the ability for unsupervised time.</li> <li>2. Unsupervised time will be documented in the individual PCP.</li> </ol>	<p>Qualified Professional [Review/Assess/Update POC]</p>	<p>Implementation Date: <b>April 26, 2022</b></p> <p>Projected Completion Date: and Ongoing</p>

<p>and 10A NCAC 27G .1704 Minimum Staffing Requirements (V296). 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.</p> <p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></p> <p>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>The plan shall include:</p> <p>client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p>	<p>V112</p>	<ol style="list-style-type: none"> <li>3. The PCP will be signed for agreement by all clinical team members.</li> <li>4. The PCP will be reviewed at a minimum of every 90 days and as needed in between the scheduled 90 days to make reassessment of needs. <ul style="list-style-type: none"> <li>• Indicate what measures will be put in place to <i>prevent</i> the problem from occurring again.</li> </ul> </li> </ol> <ol style="list-style-type: none"> <li>1. Review of the PCP in order to assure current goals, needs and techniques are in effect to serve the client.</li> </ol>		
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(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 obtained.

**This Rule is not met as evidenced by:**

Based on records review and interviews, the facility failed to ensure strategies were developed and implemented to address client needs for 1 of 3 clients(#1). The findings are:

Review on 4/25/22 of client #1's record revealed:

- admission date of 2/21/22;
- age 18 years;
- diagnosis of Unspecified Depression Disorder, Unspecified Trauma and Stressor Related Disorder;
- client #1 had graduated high school, was preparing to attend college, had already taken the ACT(standardized college admission test) and was looking for employment;
- treatment plan dated 2/10/22 and updated 3/10/22 documented the following goals: learn and develop independent living skills in all settings, increase compliance, remain focused, follow daily schedule, complete assigned chores, comply with staff directives, comply with rules,

refrain from verbal aggression, identify new ways to manage anger by identifying triggers, identifying 2-3 de-escalation techniques and 3-5 coping skills, learn to deal with negative behaviors, attend groups focusing on communication skills, anger management skills, coping skills, appropriate boundaries and social skills.

Interview on 4/21/22 with the House Manager revealed:

- client #1 had already graduated high school;
- client #1 had a job working at a local fast food restaurant;
- staff transported client #1 back and forth to her job;
- client #1 worked until 8pm.

Interview on 4/22/22 with staff #3 revealed:

- client #1 had a job;
- she had to be at work by 10am.

Interview on 4/21/22 with the licensee/Director revealed client #1 was on a "different track" than the other clients and had a job.

Further review on 4/25/22 of the treatment plan revealed no documentation of approved unsupervised time for client #1 while she was at her job.

