

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-424	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/21/2022
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NAME OF PROVIDER OR SUPPLIER CAIYALYNN BURRELL CHILD CRISIS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 277 BILTMORE AVENUE ASHEVILLE, NC 28801
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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 survey was completed on April 21, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of All Disability Groups.</p> <p>The survey sample consisted of audits of 3 current clients.</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> <p>(1) 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>(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.</p>	V 112		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have a treatment plan developed in partnership and upon written consent by the client or legally responsible party affecting three of three clients audited (Clients #1, #2 and #3). The findings are:</p> <p>Review on 4/21/22 Client #1's record revealed: -Admitted on 3/8/22. -Age 14. -Diagnoses of Autism Spectrum Disorder, Generalized Anxiety Disorder and Post-Traumatic Stress Disorder (PTSD). -Treatment plan dated 3/10/22 reflected no signature by the client's legally responsible party and only verbal consent by the client.</p> <p>Review on 4/21/22 of Client #2's record revealed: -Admitted 4/1/22. -Age 14. -Diagnoses of Moderate recurrent Major Depression Disorder, Generalized Anxiety Disorder and Attention-Deficit Hyperactivity Disorder, combined type. -Treatment plan dated 4/4/22 reflected no signature by the client's legally responsible party and verbal consent by the client.</p> <p>Review on 4/21/22 of Client #3's record revealed: -Admitted 3/2/22. -Age 16. -Diagnoses of Moderate, Amphetamine-type</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>Substance Use Disorder, Major Depressive Disorder, Moderate Generalized Anxiety Disorder and PTSD.</p> <p>-Treatment plan dated 3/4/22 reflected no signature by the client's legally responsible party and verbal consent by the client.</p> <p>Interview on 4/21/22 with Clinician #1 revealed: -She was told to have the treatment plan signed by the guardian and this was always done at discharge. -The guardian's were a part of the treatment planning process, but they were not always present when they did the treatment plans.</p> <p>Interview on 4/21/22 with Clinician #2 revealed: -She was not told to have the guardian sign the treatment plans prior to discharge. -She had the guardians sign them at discharge - she was not sure why - this was how she was trained. -She asked the client verbally if they agreed with the treatment goals and then checked the box which automatically populated verbal consent was received. -She did not have the client sign the treatment plan.</p>	V 112		