

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-169	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/04/2022
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NAME OF PROVIDER OR SUPPLIER JUST IN TIME YOUTH SERVICES II	STREET ADDRESS, CITY, STATE, ZIP CODE 111 DOGWOOD DRIVE 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 follow up survey was completed on the March 4, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 1300 Residential Treatment Facilities for Children and Adolescents.</p> <p>The facility is licensed for 6 beds and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 179	<p>27G .1301 Residential Tx - Scope</p> <p>10A NCAC 27G .1301 SCOPE</p> <p>(a) The rules of this Section apply only to a residential treatment facility that provides residential treatment, level II, program type service.</p> <p>(b) A residential treatment facility providing residential treatment, level III service, shall be licensed as set forth in 10A NCAC 27G .1700.</p> <p>(c) A residential treatment facility for children and adolescents is a free-standing residential facility which provides a structured living environment within a system of care approach for children or adolescents who have a primary diagnosis of mental illness or emotional disturbance and who may also have other disabilities.</p> <p>(d) Services shall be designed to address the functioning level of the child or adolescent and include training in self-control, communication skills, social skills, and recreational skills. Children or adolescents may receive services in a day treatment facility, have a job placement, or attend school.</p> <p>(e) Services shall be designed to support the child or adolescent in gaining the skills necessary to return to the natural, or therapeutic home setting.</p>	V 179		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 179	<p>Continued From page 1</p> <p>(f) The residential treatment facility shall coordinate with other individuals and agencies within the client's system of care.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to coordinate care with other individuals and agencies within the client's system of care, affecting 2 of 3 audited clients (Client #2 and Client #3). The findings are:</p> <p>Review on 2/24/22 of Client #2 record revealed: -Admission date of 12/20/21. -Diagnosis of Marijuana Abuse, Unspecified Schizophrenia Spectrum and Other Psychotic Disorder</p> <p>Interview on 2/24/22 with Client #2 revealed: -He had therapy weekly on the computer. -The clients from other homes also had their sessions at the group home. -After therapy session were done, he logged on computer for school.</p> <p>Interview on 2/25/22 with the Director revealed: -The therapy sessions were held virtually on the computer. -Clients had therapy sessions at the home weekly. -Since the homes engage in social activities together, thought it was OK they had therapy sessions at same home as long as staff was present with clients.</p>	V 179		

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V 179	<p>Continued From page 2</p> <p>-Confirmed that facility failed to coordinate care within the client's system of care.</p> <p>Review on 2/24/22 Client #3 record revealed: -Admission date of 4/30/19. -Diagnoses of Mild Intellectual Developmental Disability, Autism Spectrum, Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder- combined presentation.</p> <p>Interview on 2/24/22 with Client #3 revealed: -He had therapy on the computer with the therapist. -Other clients from other group homes used computer for their therapy sessions. -After therapy session, he was transported to school.</p> <p>Interview on 2/25/22 with the Director revealed: -The therapy sessions were held virtually on the computer. -Clients had therapy sessions at the home weekly. -Since the homes engage in social activities together, thought it was OK they had therapy sessions at same home as long as staff was present with clients. -Confirmed that facility failed to coordinate care within the client's system of care.</p>	V 179		