

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-149	(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	STREET ADDRESS, CITY, STATE, ZIP CODE 1710 SYKES STREET 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
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V 000	<p>INITIAL COMMENTS</p> <p>A 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 1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>The facility is licensed for 4 beds and currently has a census of 3. The survey sample consisted of audits of 2 current clients.</p>	V 000	<div style="border: 2px solid blue; border-radius: 15px; padding: 10px; text-align: center;"> <p>RECEIVED</p> <p><i>By cvhicks at 3:45 pm, May 25, 2022</i></p> </div>	
V 293	<p>27G .1701 Residential Tx. Child/Adol - Scope</p> <p>10A NCAC 27G .1701 SCOPE</p> <p>(a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility.</p> <p>(b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section.</p> <p>(c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services.</p> <p>(d) The children or adolescents served shall require the following:</p> <p>(1) removal from home to a community-based residential setting in order to facilitate treatment; and</p> <p>(2) treatment in a staff secure setting.(e) Services shall be designed to:</p>	V 293		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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STATE FORM		6899	J9BU11	If continuation sheet 1 of 3	
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V 293	<p>Continued From page 1</p> <p>(1) include individualized supervision and structure of daily living; (2) minimize the occurrence of behaviors related to functional deficits; (3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint; (4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and (5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting. (f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent'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 # and Client #3). The findings are:</p> <p>Review on 3/4/22 of Client #1 record revealed: -Admission date of 1/19/21. -Diagnosis of Disruptive Mood Dysregulation Disorder, Mild Intellectual Disability Disorder, Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder- Combined Type and Post</p>	V 293	<p>Group Home meet with therapist to establish a time schedule for therapy that will allow the group home to hold clients therapy sessions within the home to eliminate the agency intermixing of clients from different levels of care during therapy sessions.</p>		

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If continuation sheet 2 of 3

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V 293	<p>Continued From page 2</p> <p>Traumatic Stress Disorder- With Deployed Expression.</p> <p>Review on 3/4/22 of Client #2 record revealed: -Admission date of 11-18/21. -Diagnosis of Generalized Anxiety Disorder, Attention Deficit Hyperactivity Disorder- Combined Presentation and Intermittent Explosive Disorder.</p> <p>Interview on 3/4/22 with the Home Manager revealed: -Client #1 and Client#2 received weekly therapy services virtually. -Therapy sessions were held at another group home location. -The sessions were held in a confidential location to allow privacy for clients.</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 293		