

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl026-709</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 05/12/2022</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**PEARL'S ANGEL CARE, INC**

**1423 GRANDVIEW DRIVE  
FAYETTEVILLE, NC 28314**

(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><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on May 12, 2022. The complaint was unsubstantiated (intake #NC00187873). 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 1. The survey sample consisted of audits of 1 current client.</p>	V 000		
V 112	<p><b>27G .0205 (C-D)</b> <b>Assessment/Treatment/Habilitation Plan</b></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</p>	V 112		

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

*Betty Washington*

TITLE

*Director*

(X6) DATE

*6/3/22*

STATE FORM

6899

BFXN11

If continuation sheet 1 of 4

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V 112	<p>Continued From page 1 obtained.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to develop and implement strategies based on assessment for one of one current client (#1). The findings are:</p> <p>Review on 5/12/22 of client #1's record revealed: -16 year old male. -Admitted on 5/7/21. -Diagnoses of Oppositional Defiant Disorder Moderate, Conduct Disorder Adolescent Onset Type and Mood Dysfunctional Disorder.</p> <p>Review on 5/12/22 of client #1's treatment plan dated 4/23/22 revealed: -"Where am I now in the process of achieving this outcome? 4-23-22...[Client #1] has a history of physical aggression, property destruction, suicidal threats...Per consumer states that the only reason why he elopes from all setting. He stated hat his mom has changed and has forgotten about him...The team feels that it is in the best interest of the consumer to place in higher level of care...reduce elopement and keep him safe... [Client #1] demonstrated homicidal threats towards which his now his stepfather, peers, and staff in the past 30 days..." -No goals or strategies for client #1's self harm, suicidal or homicidal ideations. -No strategies related to elopement for client #1's</p>	V 112	<p>QP has a better understanding of developing strategies based on assessments. The strategies were developed but entered in the Crisis Plan and Behavior Safety Plan. The strategies will be developed and placed in the PCP.</p>	5/31/22

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V 112	<p>Continued From page 2</p> <p>elopement goal.</p> <p>Observation and interview on 5/12/22 at approximately 5:20pm as surveyor exited the facility. Client #1 was observed to have some self-inflicted injuries to his face and arm that was bleeding as he walked away from the facility. Staff were able to get client #1 to return to the facility. The Qualified Professional (QP) stated client #1 was transported to the local hospital for injuries and a mental health evaluation.</p> <p>Interview on 5/12/22 client #1 stated:</p> <ul style="list-style-type: none"> <li>-He lived at the group home for a year.</li> <li>-He had a rough day at school because other children were calling him names.</li> <li>-He eloped from his parents home and attempted to return to the facility.</li> <li>-He was unsure of the day he eloped.</li> </ul> <p>Interview on 5/12/22 the QP stated:</p> <ul style="list-style-type: none"> <li>-She was responsible for the development of the client #1's treatment plans.</li> <li>-There was no goal for self harm or suicidal/homicidal ideations in client #1's treatment plan.</li> <li>-There were no strategies for suicidal/homicidal ideations or elopements in client #1's treatment plan.</li> <li>-Client #1's elopement and suicidal/homicidal response was documented in the facility's safety plan.</li> <li>-She understood client #1's treatment plan goals and strategies should reflect client #1's needs.</li> </ul> <p>Interview on 5/12/22 the Licensee/Associate Professional stated:</p> <ul style="list-style-type: none"> <li>-Client #1 eloped during a home visit with his family.</li> <li>-There was a safety plan in place for client #1.</li> </ul>	V 112		

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NAME OF PROVIDER OR SUPPLIER  <b>PEARL'S ANGEL CARE, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1423 GRANDVIEW DRIVE FAYETTEVILLE, NC 28314</b>		
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V 112	Continued From page 3  -She understood client #1's treatment plan goals and strategies should reflect client #1's needs.  This deficiency has been cited 3 times since the original cite on October 1, 2021 and must be corrected within 30 days.	V 112			