

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-924	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/28/2022
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NAME OF PROVIDER OR SUPPLIER PRECIOUS HAVEN #2	STREET ADDRESS, CITY, STATE, ZIP CODE 6033 CONCHO COURT FAYETTEVILLE, NC 28303
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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 June 28, 2022. Deficiencies were 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 0. The survey sample consisted of audits of 2 former clients.</p>	V 000		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the</p>	V 111		

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

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V 111	<p>Continued From page 1</p> <p>client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to complete an assessment that included their needs and strengths prior to delivery of services for 2 of 2 former clients (FC) (FC #1 and FC #2). The findings are:</p> <p>Finding #1 Review on 6/27/22 of FC #1's record revealed: -17 year old female. -Admitted on 3/15/22. -Discharged on 4/1/22. -Diagnoses of Unspecified Depressive Disorder and Oppositional Defiant Disorder.</p> <p>Review on 6/28/22 of an undated "Face Sheet/Admission/Screening/Referral Form" for FC #1 revealed: -The guardian information was complete. -The remainder of the form had not been completed. .</p> <p>Finding #2 Review on 6/27/22 of FC #2's record revealed: -17 year old female. -Admitted on 3/15/22. -Discharged on 4/1/22.</p>	V 111		

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V 111	<p>Continued From page 2</p> <p>-Diagnoses of Unspecified Depressive Disorder, Unspecified Anxiety Disorder, Conduct disorder, Attention Deficient Hyperactivity Disorder and Unspecified Trauma and Stressor Disorder.</p> <p>Review on 6/28/22 of an undated "Face Sheet/Admission/Screening/Referral Form" for FC #2 revealed: -The guardian information was complete. -The remainder of the form had not been completed.</p> <p>Interview on 6/24/22 and 6/27/22 the Residential Supervisor stated: -She was responsible for admissions and completing the admission assessment. -Both FC #1 and FC #2 transferred from their sister facilities. -The facility was only open about 2-3 weeks. -Both FC #1 and FC #2 were transferred/discharged to their sister facilities. -There was not a complete admission assessment for the clients. -She would ensure admission assessments were completed prior to the delivery of services.</p>	V 111		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p>	V 752		

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V 752	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility water temperatures were not maintained between 100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are:</p> <p>Observation on 6/24/22 at approximately 9:30am during tour of the facility revealed: -The hot water temperature at the kitchen sink was 120 degrees Fahrenheit. -The hot water temperature in the hall bathroom was 120 degrees Fahrenheit. -The hot water temperature in the on-suite bathroom in the left back bedroom was 120 degrees Fahrenheit.</p> <p>Interview on 6/23/22 - 6/24/22 the Assistant Director stated: -There were no client currently being served at the facility. -He attempted to adjust water temperatures during survey. -He would ensure the water was maintained between 100-116 degrees Fahrenheit.</p>	V 752		