

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-959</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/28/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PRECIOUS HAVEN #3 COMET</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>975 COMET CIRCLE</b> <b>FAYETTEVILLE, NC 28314</b>
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V 000	<p><b>INITIAL COMMENTS</b></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 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 111	<p><b>27G .0205 (A-B)</b> <b>Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></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"> <li>(1) the client's presenting problem;</li> <li>(2) the client's needs and strengths;</li> <li>(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;</li> <li>(4) a pertinent social, family, and medical history; and</li> <li>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</li> </ol> <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		

Division of Health Service Regulation  
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 the delivery of services for 2 of 2 current clients (#1 and #2). The findings are:</p> <p>Finding #1 Review on 6/23/22 of client #1's record revealed: -14 year old female. -Admitted on 5/31/22. -Diagnoses of Major Depressive disorder, unspecified and Post-Traumatic Stress Disorder. -No evidence of a completed admission assessment for client #1.</p> <p>Interview on 6/24/22 client #1 stated: -She resided at the current facility since 5/31/22. -She resided at the sister facility prior.</p> <p>Finding #2 Review on 6/23/22 of client #2's record revealed: -15 year old female. -Admitted on 5/31/22. -Diagnoses of Attention-Deficit Hyperactivity Disorder combined type, Oppositional Defiant Disorder, Post Traumatic Stress Disorder and</p>	V 111		

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V 111	<p>Continued From page 2</p> <p>Disruptive Mood Dysregulation Disorder. -No evidence of a completed admission assessment for client #2.</p> <p>Interview on 6/24/22 client #2 stated: -She resided at the facility since 5/31/22. -This was her 2nd time at this facility. -She also resided at the sister facilities in the past.</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. -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 539	<p>27F .0102 Client Rights - Living Environment</p> <p>10A NCAC 27F .0102 LIVING ENVIRONMENT</p> <p>(a) Each client shall be provided: (1) an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours, consistent with the types of services being provided and the type of clients being served; and (2) accessible areas for personal privacy, for at least limited periods of time, unless determined inappropriate by the treatment or habilitation team.</p> <p>(b) Each client shall be free to suitably decorate his room, or his portion of a multi-resident room, with respect to choice, normalization principles, and with respect for the physical structure. Any restrictions on this freedom shall be carried out in accordance with governing body policy.</p>	V 539		

Division of Health Service Regulation

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V 539	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to provide accessible areas for personal privacy, affecting one of three audited clients (#1). The findings are:</p> <p>Review on 6/23/22 of client #2's record revealed: -15 year old female. -Admitted on 5/31/22. -Diagnoses of Attention-Deficit Hyperactivity Disorder combined type, Oppositional Defiant Disorder, Post Traumatic Stress Disorder and Disruptive Mood Dysregulation Disorder.</p> <p>Observation on 6/23/22 at approximately 12:38pm the video surveillance system in the living room of the home revealed: -Client #2's bedroom entrance and about 5 feet into client #2's bedroom was visible. -The bottom half of client #2's bedroom dresser near her window was visible.</p> <p>Interview on 6/23/22 client #2 stated: -She had not had any concerns with privacy. -She was able to see the camera video in the living room.</p> <p>Interview on 6/23/22 the Qualified Professional stated: -He was not aware the camera had shown into client #2 bedroom.</p> <p>Interview on 6/23/22 the Assistant Director stated: -He was able to view the facility video surveillance from his phone. -He had not noticed the camera had shown parts of client #2's room.</p>	V 539		

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V 539	Continued From page 4  -He had adjusted the camera during the survey.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 539		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:  Observation on 6/23/22 at approximately 11:00am during tour of the facility revealed: -All 4 client bedrooms had the windows screwed or nailed shut. -The third bedroom to the left had a blown light bulb. -The second bedroom to the left was missing a floor vent.  Interview on 6/23/22 the Qualified Professional stated: -Another floor vent had to be purchased and had just arrived. -He had replaced the floor vent during survey. -He was unsure why or when the windows were nailed shut.	V 736		

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V 736	<p>Continued From page 5</p> <p>Interview on 6/23/22 the Assistant Director stated: -He was not aware the windows in the client bedrooms were nailed shut. -He was unsure how long the windows were nailed shut. -He believed the facility's maintenance man may have nailed the windows. -He had removed all the screws or nails from the windows during survey and was able to open the windows.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		