

ONE TO ONE WITH YOUTH INC
307 E BEECH STREET
GOLDSBORO NC 27530

FACSIMILE TRANSMITTAL SHEET

TO: DHSR FROM: One to One with Youth, Inc
ATTN: Keith Hughes
COMPANY: NC DHSR DATE: 7/27/2022
FAX NUMBER: 919 715 8078 TOTAL NO. OF PAGES INCLUDING COVER: 7
PHONE NUMBER: 919 855 3795 FAX NUMBER: 919-739-4989
re: INTAKE #: NC00189561 TELEPHONE NUMBER: 919-731-2119
 URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE
NOTES/COMMENTS:

POC

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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

July 20, 2022

Inonda King, Administrative Director
One To One With Youth, Inc.
307 East Beech Street
Goldsboro, NC 27530

Re: Complaint Survey completed July 19, 2022
One to One With Youth, Inc., 3011 Highway 42 West, Suite G, Wilson, NC 27893
MHL # 098-162
E-mail Address: kone2one@aol.com
Intake #NC00189561

Dear Ms. King:

Thank you for the cooperation and courtesy extended during the complaint survey completed July 19, 2022. The complaint was substantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- The tag cited is a standard level deficiency.

Time Frames for Compliance

- A standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is September 17, 2022.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

July 20, 2022
One To One With Youth, Inc.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Gloria Locklear, Team Leader at (910)214-0350.

Sincerely,



Keith Hughes
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSRreports@eastpointe.net
Joy Futrell, CEO, Trillium Health Resources LME/MCO
Fonda Gonzales, Director of Quality Management, Trillium Health Resources LME/MCO
Pam Pridgen, Administrative Supervisor

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/19/2022
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NAME OF PROVIDER OR SUPPLIER ONE TO ONE WITH YOUTH, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3011 HIGHWAY 42 WEST, SUITE G WILSON, NC 27893
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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 184	<p>Continued From page 1</p> <p>(e) Treatment, services, and discharge plans provided by day treatment programs shall be coordinated with other individuals and agencies within each client's local system of care.</p> <p>(f) Day treatment facilities may include before/after school and summer facilities, and early intervention.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to coordinate discharge plans with individuals and agencies within the clients local system of care for one of one former client (FC #1). The findings are:</p> <p>Review on 07/14/22 of FC #1's record revealed: - Admission date of 09/24/20. - Diagnoses of Attention Deficit Hyperactivity Disorder-Combined Presentation and Oppositional Defiant Disorder-Moderate. - Date of discharge 09/02/21.</p> <p>Review on 07/14/22 and 07/18/22 of FC #1's Person-Centered Profile dated 10/21/20 revealed: - "Add What's Working / What's Not Working Working...06/29/21: Per DT (Day Treatment) staff, teachers and his parents report, [FC #1] has made improvement with staying awake at school and other social activities. He is sleeping better at night the parent said. He was promoted to the 3rd grade. The parent also reported that [FC #1] was able to spend quality time with his biological father in the month of May 2021. DT staff also reported that he has made positive behavioral improvement since the last reauthorization. 09/02/21: Consumer is non-compliant, does not attend regularly."</p>	V 184		

Division of Health Service Regulation

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STREET ADDRESS, CITY, STATE, ZIP CODE
**3011 HIGHWAY 42 WEST, SUITE G
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V 184	<p>Continued From page 2</p> <ul style="list-style-type: none"> - "Not Working: 06/29/21 [FC #1] has made social progress, but he continues to need redirecting and positive instructional guidance to complete tasks and to participate in sessions without disruption. 09/02/21: Consumer is not attending regularly." - "Progress toward goal and justification for continuation or discontinuation of goal...09/02/21 [FC #1] has made some progress toward this goal and is now in 3rd grade. He continues to be distracted however is taking his medication as prescribed. Goal is ongoing and individual is being recommended for additional Outpatient therapy service. Consumer is being discharged from Child and Adolescent Day Treatment services as he has does not comply with his treatment on a regular basis and has had four authorizations. This goal is discontinued." - No documentation FC #1's guardian was involved in treatment and discharge planning. <p>Review on 07/18/22 of FC #1's "Discharge/Transition Form" dated 09/02/21 and signed by the therapist revealed:</p> <ul style="list-style-type: none"> - "Recommendations for Services or Supports: Continue using family (natural supports) Grandparents, Aunts [and] uncles community sports activities. Basketball, football, soccer; church youth groups [and] any activity that provides structure [and]socialization would benefit [FC #1]. - No documentation of recommended outpatient services for FC #3. - No documentation of the guardian's participation of the discharge/transition plan. <p>Interview on 07/14/22 FC #3's guardian stated:</p> <ul style="list-style-type: none"> - FC #3 had received services at the facility for many months. - FC #3 had been in an accident riding the facility 	V 184		
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V 184	<p>Continued From page 3</p> <p>van.</p> <ul style="list-style-type: none"> - FC #3 was abruptly discharged from the facility without referral to outside resources. <p>Interview on 07/18/22 the Clinical Director stated:</p> <ul style="list-style-type: none"> - She had reviewed the discharge/transition summary for FC #3 with Quality Assurance and Quality Improvement. - Staff should notify the parent or legal guardian of pending discharges. - The staff should document attempts for coordination with parents or guardians. - She would follow up with the discharge process. 	V 184		