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Div sion of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING MHL026-959 06/28/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 975 COMET CIRCLE PRECIOUS HAVEN #3 COMET **FAYETTEVILLE, NC 28314** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on June 28, 2022. Deficiencies were cited. This facility is licensed for the following service DHSR - Mental Health category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. AUG 8 2022 This facility is licensed for 4 and currently has a Lic. & Cert. Section census of 2. The survey sample consisted of audits of 2 current clients. V 111 27G .0205 (A-B) V 111 Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND 10A NCAC 27G .0205 ASSESSMENT TREATMENT/HABILITATION OR SERVICE AND TREATMENT/HABILITATION OR **PLAN** SERVICE PLAN(a) An assessment shall (a) An assessment shall be completed for a be completed for a client, according to client, according to governing body policy, prior to governing body policy, prior to the the delivery of services, and shall include, but not delivery of services... be limited to: (1) the client's presenting problem; Effective 7/1/2022, PHI will ensure that (2) the client's needs and strengths; all clients will have an assessment (3) a provisional or admitting diagnosis with an completed prior to the delivery of established diagnosis determined within 30 days of admission, except that a client admitted to a service. This assessment detoxification or other 24-hour medical program will be completed upon admission by the shall have an established diagnosis upon OP and will include but will not be admission: limited to the client's presenting (4) a pertinent social, family, and medical history; problems, needs and strengths, and diagnosis upon admission, and any (5) evaluations or assessments, such as pertinent social, family, medical history. psychiatric, substance abuse, medical, and This assessment will captured via the vocational, as appropriate to the client's needs. titled Admission Check Sheet/Face (b) When services are provided prior to the Sheet and located in the front of the establishment and implementation of the consumer's record. treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the

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

TITLE AsH. Direct

(X6) DATE 1/15/22

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-959 NAME OF PROVIDER OR SUPPLIER STREET AD			(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED R 06/28/2022	
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/V4) ID	SHIMMADY STA		VILLE, NC 2				
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	SHOULD BE COMPLETE	
V 111	Continued From page 1		V 111				
	client's presenting p	roblem shall be documented.					
	failed to complete ar their needs and strer	t as evidenced by: iew and interviews the facility is assessment that included ingths prior to the delivery of irrent clients (#1 and #2).					
	-14 year old female.-Admitted on 5/31/22-Diagnoses of Major	Depressive disorder, -Traumatic Stress Disorder. mpleted admission					
-	Interview on 6/24/22 -She resided at the ci -She resided at the si	urrent facility since 5/31/22.					
	-15 year old female. -Admitted on 5/31/22. -Diagnoses of Attentio	client #2's record revealed: on-Deficit Hyperactivity pe, Oppositional Defiant					

Disorder, Post Traumatic Stress Disorder and
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of client #2's room.

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nailed shut.

-He was unsure why or when the windows were

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