STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL026-673	A. BUILDING: _____ B. WING _____	R 06/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRECIOUS HAVEN, INC	532 WAYLAND 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	INITIAL COMMENTS An annual and follow up survey was completed on June 28, 2022. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.	V 000	DHSR - Mental Health AUG 8 2022 Lic. & Cert. Section	
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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: (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. (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	V 111	*10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN* *(a) An assessment shall be completed for a client, according to governing body policy,prior to the delivery of services...* *Effective 7/1/2022 , PHI will ensure that all clients will have an assessment completed prior to the delivery of service.* *This assessment will be completed upon admission by the QP and will include but will not be limited to the client's presenting problems, needs and strengths, diagnosis upon admission, and any pertinent social, family, medical history. This assessment will captured via the titled Admission Check Sheet/Face Sheet and located in the front of the consumer's record.*	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE KC Yhee TITLE Asst. Director (X6) DATE 7/18/22

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V 111	Continued From page 1 client's presenting problem shall be documented. 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 3 audited clients (#2, #3). The findings are: Finding #1 Review on 6/28/22 of client #2's record revealed: -13 year old female. -Admitted on 5/26/22. -Diagnosis of Unspecified Trauma and Stressor Related Disorder Review on 6/28/22 of an undated "Face Sheet/Admission/Screening/Referral Form" for client #2 revealed: -The guardian information was complete. -The remainder of the form had not been completed. Interview on 6/28/22 client #2 stated: -She resided at the facility since 5/26/22. Finding #2 Review on 6/28/22 of client #3's record revealed: -14 year old female.	V 111		

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V 111	Continued From page 2 -Admitted on 5/27/22. -Diagnoses of Major Depressive Disorder and Post Traumatic Stress Disorder. Review on 6/28/22 of an undated "Face Sheet/Admission/Screening/Referral Form" for client #3 revealed: The guardian information and medical provider was complete. -The remainder of the form had not been completed. Interview on 6/28/22 client #3 stated: -She resided at the facility almost 30 days. -This was her first group home placement. 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.	V 111		
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:	V 736		

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V 736	Continued From page 3 Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 6/28/22 at approximately 9:20am during tour of the facility revealed: -The bedroom off the dining room was missing a light fixture cover. -The hallway bathroom had a blown light bulb above the vanity mirror. -The back left bedroom closet door had a crack about 5 inches on the interior. The interior side panel was split down the top portion of the door. Interview on 6/28/22 the Assistant Director stated: -He would ensure repairs were made to the facility. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	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.* *Effective 7/1/2022. PHI has made the following repairs:* *- Replaced light fixture cover in bedroom off the dining room.* *-Replaced blown light bulb above vanity mirror* *-Replaced cracked closet door in back left bedroom.* *PHI will continue to visually monitor environmental safety via daily checks completed by the group home manager.*	