

Division of Health Service Regulation  
Mental Health Licensure and Certification Section  
(Top portion completed by DHSR staff)

Facility Name: Johnson Enrichment Services, LLC MHL Number: 034-393

Rule Violation/Tag #/Citation Level: (Administrative Action and Crosses)

1. 10A NCAC 27G .1701 Scope (V) Type A 2. 10A NCAC 27G .0202 Personnel Requirements (V108) Crossed into A 3. 10A NCAC 27G .0207 Emergency Plans (V114) Crossed into A 4. 10A NCAC 27G .0209 Medication Requirements (V118) Crossed into A 5. G.S. 131E-256 Health Care Personnel Registry (V131) Crossed into A 6. 10A NCAC 27G .1703 Requirements for Associate Professional (V295) Crossed into A 7. 10A NCAC 27G .1704 Minimum Staffing Requirements (V296) Crossed into A 8. 10A NCAC 27G .1705 Requirements of Licensed Professional (V297) Crossed into A 9. G.S. 131E-256 Health Care Personnel Registry (V132) Crossed into A 10. 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367) Crossed into A 11. 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366) Crossed into A 12. 10A NCAC 27E .0104 Seclusion, Physical Restraint and Isolation Time Out and Protective Devices Used for Behavioral Control (V521) Crossed into A 13. 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) Crossed into A

Plan of Correction

**Measures put in place to correct deficiencies:**

**2.** I will immediately hire staff and ensure that all staff have a written job description which includes:

- (1) specifies the minimum level of education, competency, work experience and other qualifications for the position;
- (2) specifies the duties and responsibilities of the position;
- (3) is signed by the staff member and the supervisor; and
- (4) is retained in the staff member's file, is at least 18 years of age;
- (5) is able to read, write, understand and follow directions;
- (6) meets the minimum level of education, competency, work experience, skills and other Qualifications for the position; and
- (7) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.

All staff including Qualified, Associate, and Para professionals will receive training on client specific information to assist with providing treatment to clients. Training will be conducted by the licensed clinician.

**3.** A fire drill was conducted and documented on each shift. In addition, a disaster drill was conducted and documented. Fire and disaster drills shall be held at least quarterly and shall be repeated for each shift. Drills will be conducted under conditions that simulate fire and other emergencies.

**4.** All client MAR's were updated and corrected to include client's name;

- (B) name, strength, and quantity of the drug;
- (C) instructions for administering the drug;
- (D) date and time the drug is administered; and

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DHSR-MH Licensure Sect

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**Type A** = 23 days      **Type B** = 45 days

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(E) name or initials of person administering the drug  
All medication orders will be included with the MAR's.

5. I went through all personnel files to ensure that all employees have copies of their health care personnel registry.
6. I have hired a direct staff provider who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1). The responsibilities of the associate professional shall include:
  - (1) management of the day to day day-to-day operations of the facility;
  - (2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and
  - (3) participation in service planning meetings.
7. I have hired additional staff to ensure two direct care staff shall be present for one, two, three or four children or adolescents; during child or adolescent sleep hours two direct care staff shall be present and one shall be awake for one through four children or adolescents; I added to the treatment plans when clients can be transported by 1 staff. The treatment plans will also include whether they can attend camp and other events unsupervised.
8. I have hired a licensed clinician that will meet face to face for clinical consultation at least four hours a week.
9. I have reported all suspected or alleged cases of abuse, neglect or exploitation of a child (age 17 or under) or disabled adult to the local DSS, pursuant to G.S. 108A Article 6, G.S. 7B Article 3 and 10A NCAC 27G .0610. Level I incidents of suspected or alleged cases of abuse, neglect or exploitation of a child (age 17 or under) or disabled adult must still be reported pursuant to G.S. 108A Article 6, G.S. 7B Article 3 and 10A NCAC 27G .0610. All allegations will be reported to the county Department of Social Services in which the suspected activity occurred, if the activity involves a parent, guardian, or caretaker, To the DHSR Healthcare Personnel Registry, if the activity involves healthcare personnel, To the host LME using IRIS, and, if required by contract or memorandum of understanding, to the individual's home LME, and If a Level III incident is involved, to the home LME and to the DMH/DD/SAS Quality Management Team.
10. All incidents that occurred have been reported to the Division of Mental Health Developmental Disabilities and Local LME.
11. I've reviewed the policies that govern the response to level I, II or III incidents. The policies shall require the provider to respond by:
  - attending to the health and safety needs of individuals involved in the incident;
  - (2) determining the cause of the incident;
  - (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;
  - (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;
  - (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;
  - (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and
  - (7) maintaining documentation regarding Subparagraphs(a)(1) through (a)(6) of this Rule

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**12.** I will ensure that Johnson Enrichment Services staff will utilize positive and less restrictive alternatives that are considered and attempted whenever possible prior to the use of more restrictive interventions. Restrictive interventions are defined as:

- (1) seclusion;
- (2) physical restraint;
- (3) isolation time-out
- (4) any combination thereof; and
- (5) protective devices used for behavioral control.

All allegations will be reported to the county Department of Social Services in which the suspected activity occurred, if the activity involves a parent, guardian, or caretaker, To the DHSR Healthcare Personnel Registry, if the activity involves healthcare personnel, To the host LME using IRIS, and, if required by contract or memorandum of understanding, to the individual's home LME, and If a Level III incident is involved, to the home LME and to the DMH/DD/SAS Quality Management Team.

After a restraint is used Johnson Enrichment Services staff will add to client records the signature and title of the staff that initiated the restraint, a description of the debriefing, a description of accompanying positive methods of intervention, a description of the intervention with the date, time and duration of its use, the rationale for the use of the intervention, notation of the frequency, intensity and duration of the behavior and notation of the client's physical and psychological well-being.

**13.** I have reviewed policies and procedures to ensure that I'm cable of demonstrating knowledge, skills and abilities required by the population served. The newly hired licensed clinician will assist in ensuring that all Qualified and Associate professional are competent.

### **Measures in place to prevent reoccurrence, who is monitoring and how often:**

Recently I hired a Quality Assurance Professional in charge of guaranteeing the quality of services being delivered. The duties include documenting and reporting service quality levels. Developing and implementing standards for staff to abide too. Developing plans to help the company manage employees and clients. Communicating with other team members to solve problems and following up with the appropriate channels when mistakes are found. In addition the QA professional will provide training to staff to ensure all protocols are being followed.

When hiring staff I will ensure that all staff have a written job description. In addition, all new hires will have their employee file reviewed by the QA/QI staff that was recently hired. They will also review all employee files monthly to ensure all trainings are up to date. They will ensure the employee file includes:

- (1) specifies the minimum level of education, competency, work experience and other qualifications for the position;
- (2) specifies the duties and responsibilities of the position;
- (3) is signed by the staff member and the supervisor; and
- (4) is retained in the staff member's file, is at least 18 years of age;
- (5) is able to read, write, understand and follow directions;
- (6) meets the minimum level of education, competency, work experience, skills and other

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Qualifications for the position; and  
(7) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.

QA/QI Staff will review fire and disaster drills bi-monthly to ensure they are conducted and documented. Fire and disaster drills shall be held at least quarterly and shall be repeated for each shift. Drills will be conducted under conditions that simulate fire emergencies.

QA/QI staff will review MAR's monthly to ensure they are completed correctly and contain all necessary information about client. The staff will ensure that all MAR's include client's name;

- (B) name, strength, and quantity of the drug;
- (C) instructions for administering the drug;
- (D) date and time the drug is administered; and
- (E) name or initials of person administering the drug

QA/QI staff will go through all personnel files monthly to ensure that all employees have copies of their health care personnel registry.

With the assistance of the licensed clinician and QA/QI, I will fill the associate professional position.

QA/QI staff and licensed clinician will have access to monthly schedule to ensure there are two staff members at all times with clients.

QA/QI staff will review the credentials of the licensed clinician and also review their job description to ensure they are fully aware of their responsibilities. QA/QI staff will meet monthly with licensed clinician to review policies and procedures and ensure all staff are implementing proper

QA/QI staff will ensure that all Johnson Enrichment Services staff shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. Johnson Enrichment Services shall send a copy of all level II and III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. QA/QI staff will be notified immediately if there are any incidents that need to be reported.

QA/QI staff will ensure that all suspected cases of abuse will be reported. QA/QI staff will have weekly conversations with group home manager to discuss any possible incidents that may have occurred.

QA/QI staff and the licensed clinician will ensure that all staff members are knowledgeable of all incident reporting. Staff will have quarterly training to ensure their abreast of the policies regarding incident reporting. The policies shall require the provider to respond by:

- attending to the health and safety needs of individuals involved in the incident;
- (2) determining the cause of the incident;
- (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;
- (4) developing and implementing measures to prevent similar incidents according to provider

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- specified timeframes not to exceed 45 days;
- (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;
- (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and
- (7) maintaining documentation regarding Subparagraphs(a)(1) through (a)(6) of this Rule

The licensed clinician will review policies and procedures to ensure that all staff demonstrate knowledge, skills and abilities required by the population served.

Facility Staff completing this form:

Clarence Johnson CEO	9-2-22	Date
Name/Title		

	9-2-22	
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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

August 24, 2022

Clarence Johnson, Chief Executive Officer/Qualified Professional  
Johnson Enrichment Services, LLC  
221 Foxcroft Drive  
Winston Salem, NC 27103

Re: Annual and Complaint Survey completed August 11, 2022  
Johnson Enrichment Services, LLC, 221 Foxcroft Dr., Winston Salem, NC 27103  
MHL # 034-393  
E-mail Address: [cjiii1981@gmail.com](mailto:cjiii1981@gmail.com)  
Intake #NC00190422

Dear Mr. Johnson:

Thank you for the cooperation and courtesy extended during the annual and complaint survey completed August 11, 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**

- Type A1 rule violation is cited for 10A NCAC 27G .1701 Scope (V293).

**Time Frames for Compliance**

- Type A1 violations and all cross-referenced citations must be **corrected** within 23 days from the exit date of the survey, which is September 3, 2022. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed Type A1 violation by the 23<sup>rd</sup> day from the date of the survey may result in the assessment of an administrative penalty of \$500.00 (Five Hundred) against Johnson Enrichment Services, LLC for each day the deficiency remains out of compliance.

**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](http://www.ncdhhs.gov/dhsr) • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- A second follow up visit will be scheduled based on a revisit request and supporting compliance documentation presented during an informal or formal hearing. When the second follow-up visit is completed and the facility is determined to be in compliance with the previously cited deficiency, you will be notified by mail of the total penalty amount owed. However, if it is determined the facility is still out of compliance, administrative penalties will continue to accrue until such time the deficient practice is corrected.

As a result of this survey, an Intent for Revocation is being issued. You are still responsible for making the required corrections of the noted deficiencies within the above required timeframes. If a follow-up survey is requested and completed, failure to make the corrections within the required timeframes may result in further penalties and/or administrative actions.

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

August 24, 2022  
Johnson Enrichment Services, LLC  
Clarence Johnson, Chief Executive Officer/Qualified Professional

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Barbara Perdue at (336) 861-6283.

Sincerely,



Sheri Spicer  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: [QM@partnersbhm.org](mailto:QM@partnersbhm.org)  
[dhhs@vayahealth.com](mailto:dhhs@vayahealth.com)  
Pam Pridgen, Administrative Supervisor