

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl060-852</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/19/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEW VISION HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5004 GLENVIEW COURT CHARLOTTE, NC 28215</b>		
(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	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 1-19-23. One complaint was unsubstantiated (#NC00194631) and one complaint was substantiated (#NC00194367). 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 six and currently has a census of six. The survey sample consisted of audits of two current clients and one former client.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or</p>	V 112		

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

TITLE

(X6) DATE

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V 112	<p>Continued From page 1</p> <p>responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure that a Treatment/Habilitation Plan was developed and implemented within 30 days of admission, effecting one of two current clients (Client #2). The findings are:</p> <p>Review on 1-6-23 of Client #2's record revealed: -Admission date 9-7-22. -Diagnoses of Post Traumatic Stress Disorder and Major Depressive Disorder. -Person Centered Plan dated 10-26-22. -Goals included: : learn strategies to manage depression (therapy identify triggers, challenge irrational thoughts, use I statements to express concerns, control impulse, increase ability to comply with directives, will increase prosocial behavior.</p> <p>Interview on 1-6-23 with the Qualified Professional revealed: -Client #2 was admitted on 9-7-22 and the Department of Social Services was going to pay for her placement until October 27, 2022. -She didn't know why she didn't have a current Person Centered Plan."I think they couldn't figure out who should do the PCP</p>	V 112		

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V 112	Continued From page 2  (Person Centered Plan). They sent her (Client #2) with an expired PCP." -The facility just used Client #2's expired goals because they were generic goals.  Interview on 1-19-23 with the facility Director revealed: -It was a problem getting a new Person Centered Plan for Client #2. -They would make sure that in the future all clients got their Person Centered Plan completed within 30 days of admission.	V 112		