Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ 01/19/2023 mhl060-852 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **5004 GLENVIEW COURT NEW VISION HOME** CHARLOTTE, NC 28215 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRFFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 000 V 000 INITIAL COMMENTS 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. 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 six and currently has a census of six. The survey sample consisted of audits of two current clients and one former client. V 112 V 112 27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE **PLAN** (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be DHSR - Mental Health achieved by provision of the service and a projected date of achievement; (2) strategies; FEB 06 2023 (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally Lic. & Cert. Section responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: mhl060-852 01/19/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5004 GLENVIEW COURT NEW VISION HOME** CHARLOTTE, NC 28215 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 112 Continued From page 1 V 112 responsible party, or a written statement by the provider stating why such consent could not be obtained. 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: 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. 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

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current Person Centered Plan."I think they couldn't figure out who should do the PCP

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A. BUILDING: _____ AND PLAN OF CORRECTION R 01/19/2023 B. WING mhl060-852 STREET ADDRESS. CITY. STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **5004 GLENVIEW COURT NEW VISION HOME** CHARLOTTE, NC 28215 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG Gioing forward Dreams and V 112 V 112 Continued From page 2 Visions LC will ensure (Person Centered Plan). They sent her (Client #2) with an expired PCP." all New Consumers have -The facility just used Client #2's expired goals because they were generic goals. the correct PCP signed, Interview on 1-19-23 with the facility Director and approved within 30days revealed: -It was a problem getting a new Person Centered Plan for Client #2. -They would make sure that in the future all of admissions. clients got their Person Centered Plan completed within 30 days of admission. All consumer goal will be transment based.

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