

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-169</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/25/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>JUST IN TIME YOUTH SERVICES II</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>111 DOGWOOD DRIVE BURLINGTON, NC 27215</b>
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(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><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on July 25, 2023. The complaint was unsubstantiated (intake #NC00204964). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment Facilities For Children &amp; Adolescents.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p><b>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</b></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> <ol style="list-style-type: none"> <li>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</li> <li>(2) strategies;</li> <li>(3) staff responsible;</li> <li>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</li> <li>(5) basis for evaluation or assessment of outcome achievement; and</li> <li>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</li> </ol>	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>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to have a Person Centered Plan with written consent or agreement by the responsible party, or a written statement by the provider stating why such consent could not be obtained affecting one of three audited clients (#1). The findings are:</p> <p>Review on 7/25/23 of Client #1's record revealed: -Admission date of 5/9/23. -Diagnoses of Other Specified Neurodevelopmental Disorder, Associated with Prenatal Alcohol Exposure; Disruptive Mood Dysregulation Disorder; Specific Learning Disorder with Impairment in Mathematics, Accurate/Fluent Calculation, Accurate Math Reasoning; R/O Specific Learning Disorder with Impairment in Written Expression, Spelling Accuracy. -Client #1 had a Person Centered Plan from previous group home, but did not have a signature page. -There was no Person Centered Plan completed from current provider within the 30 days of being admitted.</p> <p>Interview on 7/25/26 with the Program Director revealed: -He was under the impression that a signature</p>	V 112		

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V 112	Continued From page 2  page was not needed. -The Owner/Qualified Professional was responsible for completing the Person Center Plans. -Facility had been in process of completing a new treatment plan. -Facility was applying for enhanced services from the Managed Care Organization before client #1 had to be hospitalized. -Client #1 most likely will not be returning to the facility as a 30 day notice had been given to the client's family. -Facility believed that client #1 needed a higher level of care than what they were able to provide. -He confirmed that the Person Centered Plan for client #1 was not completed by the current provider.	V 112		
V 121	27G .0209 (F) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.	V 121		

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V 121	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to obtain drug reviews every six months for two of three audited clients (#2 and #3) who received psychotropic drugs. The findings are:</p> <p>Review on 7/25/23 of client #2's record revealed: -Admission date of 6/6/22. -Diagnoses of Major Depressive Disorder, Mild, Recurrent; Generalized Anxiety Disorder; Autism Disorder; Post Traumatic Stress Disorder. -There was no evidence of a current six month psychotropic drug review for client #2.</p> <p>Review on 7/25/23 of client #2's physician's orders dated 4/12/23 revealed: -Guanfacine 1 milligram (mg)- Take 1 tablet daily in the morning. -Trazodone 50 mg- take 1 tablet daily at bedtime. -Bupropion 100 mg- Take 1 tablet daily in the morning. -Ziprasidone 40 mg- Take 1 capsule twice daily.</p> <p>Review on 7/25/23 of client #2's MAR for the months of May 2023 through July 25, 2023 revealed: -Client #2 was administered the above medications from May 2023 through July 25, 2023.</p> <p>Interview on 7/25/23 with the Program Director revealed: -He reported that last medication reviews may had been done back in November. -Information was sent to the pharmacist recently requesting reviews. -Facility was awaiting to get reviews forms back from the pharmacist. -Staff that had been responsible for having the</p>	V 121		

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V 121	Continued From page 4  reviews completed were no longer employed by the agency. -They realized that they had not been completed after recent survey from sister facility. -He confirmed the six months psychotropic drug review for client #1 was not completed.	V 121		