

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/12/2023
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NAME OF PROVIDER OR SUPPLIER TGH RESIDENTIAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 328 OLD CONCORD ROAD SALISBURY, NC 28144
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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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 7/12/23. 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 4 and currently has a census of 3. The survey sample consisted of audits of 3 current clients</p>	V 000		
V 296	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS</p> <p>(a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times.</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present</p>	V 296	<p>DHSR - Mental Health</p> <p>AUG 9 2023</p> <p>Lic. & Cert. Section</p>	

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

TITLE

(X6) DATE

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V 296	<p>Continued From page 1</p> <p>and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to have two direct care staff present while the clients were awake or asleep affecting 3 of 3 clients (#1 - #3) The findings are:</p> <p>Review on 7/10/23 of client #1's record revealed: - Admission date: 4/4/23 - Age: 13 - Diagnoses: Post Traumatic Stress Disorder (PTSD) and Attention-Deficit Hyperactivity Disorder (ADHD) - Review of client #1's person-centered plan (PCP) dated 6/18/23 revealed: "TGH Behavioral</p>	V 296		

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V 296	<p>Continued From page 2</p> <p>Health Services Inc (Licensee) level three residential services staff will: Provide one on one supervisions while out in the community setting." Review of PCP goals revealed: "[Client #1] will work on following rules and directions that are given to him by staff or authority figures at the summer camp ..."</p> <p>Review on 7/10/23 of client #2's record revealed: - Admission date: 4/3/23 - Age: 17 - Diagnoses: Personal Past History of Sexual Abuse in Childhood; Personal Past History of Physical Abuse in Childhood; Confirmed Personal History of Neglect in Childhood; Disruptive Mood Dysregulation Disorder; PTSD; Oppositional Defiant Disorder; and ADHD, Combined Presentation - Review of client #2's PCP goals dated 6/18/23 revealed: "[Client #2] will work on following rules and directions that are given to him by staff or authority figures at the summer camp ..." - Review of "Child and Family Treatment Team Meeting" dated 4/26/23 revealed: "History of Fecal Smearing, Grooming others, aggression, property destruction." - Review of "Psychosexual Risk Assessment" dated 8/11/22 revealed: "Specific mental health recommendations include the following: [Client #2] should be monitored with eyes-on supervision when he is around other children."</p> <p>Review on 7/10/23 of client #3's record revealed: - Admission date: 6/23/23 - Age: 10 - Diagnoses: Oppositional Defiant Disorder; ADHD, Combined Presentation; and PTSD - Review of client #3's PCP dated 7/1/23 revealed: "TGH Behavioral Health Services Inc level three residential services staff ...will: Provide</p>	V 296		

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V 296	<p>Continued From page 3</p> <p>one on one supervisions while out in the community setting." - Review of PCP goals revealed: "[Client #3] will work on following rules and directions that are given to him by staff or authority figures at the summer camp ..."</p> <p>Interview on 7/10/23 with client #1 revealed: - He attended summer camp Monday-Thursday from 8 am- 4 pm. - He had no group home staff supervision while at the camp.</p> <p>Interview on 7/10/23 with client #2 revealed: - He and client #1 attended summer camp Monday-Thursday from 8 am - 3 pm. - He had no group home staff supervision while at the camp. - It was summer camp he attended not summer school. - The staff "were not there at all."</p> <p>Interview on 7/10/23 with client #3 revealed: - He went to a different camp than client #1 and client #2. He went to summer camp for approximately 2-4 weeks. He attended summer camp Monday-Friday from 8 am- 4 pm. - It was summer camp he attended not summer school. - He had no group home staff supervision while at the camp.</p> <p>Interview on 7/10/23 with the Qualified Professional revealed: - Client #1 and client #2 attended summer camp together from 6/5/23-6/29/23. They went Monday-Thursday from 8 am- 2:30 pm. -Client #3 went to a different summer camp from 6/19/23-6/29/23. He went Monday-Thursday from 8 am - 2:30 pm.</p>	V 296		

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V 296	<p>Continued From page 4</p> <ul style="list-style-type: none"> - She had group home staff at the group home by 3 pm because that is when the clients got home from the camp. There was no group home staff supervision at the camps. - The summer camp goals for the 3 clients indicated the clients would follow the directions of "staff." The staff that the goals were referring to would have been the summer camp staff not the group home staff. - "It was through the school system, and it was basically like summer school. [The Licensee] and [the Consulting Director] handled it." <p>Interview on 7/10/23 with the Consulting Director revealed:</p> <ul style="list-style-type: none"> - The clients went to the summer camp without the group home staff because "it's (summer camp) through the school, it was equivalent to them going to school." 	V 296		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review, observation, and interviews, the facility was not maintained in a safe, clean, and orderly manner. The findings are:</p> <p>Observations from 2:34 pm - 3:55 pm on 7/10/23 of the group home revealed:</p> <ul style="list-style-type: none"> - Client #2's bedroom window had screws on both sides of the window which prevented it from opening. Client #2's bedroom had only one 	V 736		

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V 736	<p>Continued From page 5</p> <p>window.</p> <ul style="list-style-type: none"> - Client #2's bedroom door had been removed. - The first bedroom on the left side of the hallway was vacant. The windowpane in the vacant room was broken with jagged edges. A piece of glass fell and broke outside. - Client #3's bedroom was located at the end of the hall on the left side. Client #3's bedroom had a broken windowpane with jagged edges. There was broken glass in the window sill and broken glass outside on the grass. - Client #1's bedroom door had an 8 - 10 inch crack on the bottom right side of the door. He had two windows in his bedroom, and one could not be opened because it was painted shut. - The kitchen floor sagged and sloped down in an area that was approximately 4 feet by 4 feet in front of the sink and stove area. . <p>Interview on 7/10/23 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - She did not know that client #2's bedroom window had screws on both sides of the window. The landlord had a maintenance person come by on 7/7/23 to fix the window because it would not shut. "He must have put the screws in the window." - Client #2's bedroom did not have a door because client #2 broke the door the "first two weeks he was here." Client #2's social worker recommended client #2's bedroom door be removed to prevent him from smearing feces. Client #2's Child and Family Team (CFT) met and decided to leave the door off. "They (CFT) felt it was good that the door stay removed to prevent him from smearing feces. It should be in his PCP (Person Centered Plan) I think." - The window pane in the vacant bedroom and in client #3's bedroom had been broken two weeks ago. Former Client #4 broke the window panes. 	V 736		

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V 736	<p>Continued From page 6</p> <ul style="list-style-type: none"> - Client #1's bedroom door was cracked in multiple places at the bottom last week when client #1 and client #3 were playing in the hallway. One of the clients unintentionally kicked client #1's bedroom door. - She was unsure why the kitchen floor was sagging. The kitchen floor had been sagging for about two weeks. The landlord was supposed to fix the floor. She had called several people for quotes to repair the kitchen floor. <p>Review on 7/10/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 4/3/23 - Age: 17 - Diagnoses: Personal Past History of Sexual Abuse in Childhood; Personal Past History of Physical Abuse in Childhood; Confirmed Personal History of Neglect in Childhood; Disruptive Mood Dysregulation Disorder; Post-Traumatic Stress Disorder; Oppositional Defiant Disorder; and Attention-Deficit Hyperactivity Disorder, Combined Presentation - Review of client #2's person-centered plan (PCP) dated 6/18/23 revealed: There was no documentation that indicated his bedroom door should be removed. <p>Interviews on 7/10/23 and 7/11/23 with client #2 revealed:</p> <ul style="list-style-type: none"> - He did not know that his bedroom window had been screwed shut. "How in the heck did those (screws) get there?" - The first month he lived in the group home (April 2023) his bedroom door had come off the hinges and the staff totally removed the door. The door had not been replaced since that time. <p>Interviews on 7/11/23 and 7/12/23 with client #2's Department of Social Services (DSS) Legal Guardian (LG) revealed:</p>	V 736		

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V 736	<p>Continued From page 7</p> <ul style="list-style-type: none"> - He did not know that client #2's window had been screwed shut. - He did not ask the group home staff to remove client #2's bedroom door. - Client #2 broke the door during an incident "some time ago." After the door was initially broken, DSS approved client #2's door be taken down for "a day or two." - On 7/10/23, he was asked by the Consulting Director to write a letter stating that DSS approved client #2 not having a bedroom door. - "There was a discussion (in treatment team) about removing [client #2's] bedroom door after the incident. We were ok at the time with the door being taken down because it was a safety issue. Then the door was never put back up." <p>Interview on 7/11/23 with the Division of Health Service Regulation (DHSR) Construction Staff revealed:</p> <ul style="list-style-type: none"> - If there was a fire and the door were closed, "it would buy some time for the client to get out the window. It would be a barrier to the smoke." <p>Interview on 7/12/23 with the Consulting Director revealed:</p> <ul style="list-style-type: none"> - She did not know why client #2's window was screwed shut. - The group home had repairs done and "I think it was an error on maintenance." - Client #2 broke his door off the hinges. She did not know how long it had been since client #2's door had been removed. - "I met with his treatment team, and we concluded in that meeting due to his fecal smearing, and his aggressive behavior the door remain down." <p>Review on 7/10/23 of client #2's "Child and Family Treatment Team Meeting" notes revealed:</p>	V 736		

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V 736	<p>Continued From page 8</p> <ul style="list-style-type: none"> - Date of Meeting: 4/26/23 - Report Completed By: Consulting Director - "Needs: Team agrees that [client #2] should not have a door right now in hopes to reduce further aggression and fecal smearing." - "Safety Concerns: Property Destruction: 4/16/23-broke his room door." - "History of Fecal Smearing, Grooming others, aggression, property destruction." <p>Interview on 7/10/23 with the Landlord revealed:</p> <ul style="list-style-type: none"> - He did not nail down client #2's bedroom window. - His maintenance staff had not been in the home about the windows. - "...I have not touched the windows." <p>Review on 7/10/23 of the Plan of Protection dated 7/10/23 written by the QP revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? TGH Behavioral Health Services will maintain its grounds in a safe, clean, attractive and orderly manner and its facilities shall be kept free from offensive odor. The facility shall ensure that every sleeping room will have at least one operable window that is approved for emergency egress. While the DHSR Compliance Consultant was onsite, the facility [QP] removed a screw from a window which was preventing it from opening properly. Additionally, staff have been directed to rake and remove any glass shards that remain outside the perimeter of the facility to ensure the safety of all residents and staff. Describe your plans to make sure the above happens. The facility Director will inspect the outside of the facility to ensure glass shards have been properly removed from the perimeter of the facility under window that were damaged in the past."</p>	V 736		

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V 736	Continued From page 9 This deficiency constitutes a re-cited deficiency. The facility served clients from ages 10-17 who had diagnoses not limited to Personal Past History of Sexual Abuse in Childhood; Personal Past History of Physical Abuse in Childhood; Confirmed Personal History of Neglect in Childhood; Disruptive Mood Dysregulation Disorder; Post-Traumatic Stress Disorder; Oppositional Defiant Disorder; and Attention-Deficit Hyperactivity Disorder, Combined Presentation. On 7/10/23 it was discovered that the only window in client #2's bedroom was screwed shut and could not be opened. Client #2 was unaware that his window was screwed shut. Two bedrooms had broken windowpanes with jagged edges. Broken glass was in the window sill and outside in the grass. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 736		
V 742	27G .0304(a) Privacy 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (a) Privacy: Facilities shall be designed and constructed in a manner that will provide clients privacy while bathing, dressing or using toilet facilities. This Rule is not met as evidenced by:	V 742		

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V 742	<p>Continued From page 10</p> <p>Based on interviews and observation, the facility was not designed in a manner that provided privacy for 1 of 3 clients (#2). The findings are:</p> <p>Observation at approximately 2:38 pm on 7/10/23 of the group home revealed:</p> <ul style="list-style-type: none"> - Client #2's bedroom door had been removed. <p>Interviews on 7/10/23 and 7/11/23 with client #2 revealed:</p> <ul style="list-style-type: none"> - The first month he lived here (April 2023) the door had come off the hinges and the staff totally removed the door. The door had not been replaced since that time. - He changed his clothes in the bathroom. - "I always go to the bathroom because the younger clients come to my door and ask me questions and I don't want them to see me like that (without clothes on)." - "At first I was mad (about his door being removed) because I was thinking I can't change in my room, but it has been a while and now I am used to it and I learned to change my clothes in the bathroom." <p>Interview on 7/11/23 with the Division of Health Service Regulation Construction Staff revealed:</p> <ul style="list-style-type: none"> - Clients had two places of privacy in the group homes: bedroom and bathroom <p>Interviews on 7/11/23 and 7/12/23 with client #2's Department of Social Services (DSS) Legal Guardian (LG) revealed:</p> <ul style="list-style-type: none"> - He did not ask the group home staff to remove client #2's bedroom door. - Client #2 broke the door during an incident "sometime ago." He went to visit client #2 in the group home after the incident and there was a curtain up in his doorway. When he made another visit 1-2 weeks ago "there was no curtain 	V 742		

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V 742	<p>Continued From page 11</p> <p>up." After the door was initially broken, DSS approved client #2's door be taken down for "a day or two."</p> <p>- On 7/10/23, he was asked by the Consulting Director to write a letter stating that DSS approved client #2 not having a bedroom door.</p> <p>- "There was a discussion (in treatment team) about removing [client #2's] bedroom door after the incident. We were ok at the time with the door being taken down because it was a safety issue. Then the door was never put back up."</p> <p>Interview on 7/10/23 with the Qualified Professional (QP) revealed:</p> <p>- Client #2's bedroom did not have a door because client #2 broke the door the "first two weeks he was here." Client #2's social worker recommended client #2's bedroom door be removed to prevent him from smearing feces. Client #2's CFT (child and family team) met and decided to leave the door off. "They (CFT) felt it was good that the door stay removed to prevent him smearing feces. It should be in his PCP (Person Centered Plan) I think."</p> <p>Review on 7/10/23 of client #2's record revealed:</p> <p>- Admission date: 4/3/23</p> <p>- Age: 17</p> <p>- Diagnoses: Personal Past History of Sexual Abuse in Childhood; Personal Past History of Physical Abuse in Childhood; Confirmed Personal History of Neglect in Childhood; Disruptive Mood Dysregulation Disorder; Post-Traumatic Stress Disorder; Oppositional Defiant Disorder; and Attention-Deficit Hyperactivity Disorder, Combined Presentation</p> <p>- Review of client #2's person-centered plan (PCP) dated 6/18/23 revealed: There was no documentation that indicated his bedroom door should be removed.</p>	V 742		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/12/2023
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NAME OF PROVIDER OR SUPPLIER TGH RESIDENTIAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 328 OLD CONCORD ROAD SALISBURY, NC 28144
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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 742	<p>Continued From page 12</p> <p>Review on 7/10/23 of client #2's "Child and Family Treatment Team Meeting" revealed:</p> <ul style="list-style-type: none"> - Date of Meeting: 4/26/23 - Report Completed By: Consulting Director - "Needs: Team agrees that [client #2] should not have a door right now in hopes to reduce further aggression and fecal smearing." - "Safety Concerns: Property Destruction: 4/16/23-broke his room door." - "History of Fecal Smearing, Grooming others, aggression, property destruction." <p>Interview on 7/12/23 with the Consulting Director revealed:</p> <ul style="list-style-type: none"> - Client #2 broke his door off the hinges. She did not know how long it had been since client #2's door had been removed. - "I met with his treatment team, and we concluded in that meeting due to his fecal smearing and his aggressive behavior the door remain down." 	V 742		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA CERTIFIED MAIL

July 26, 2023

Tonya Rankin, Director/CEO
TGH Behavioral Health Services, Inc.
505 West Franklin Street
Salisbury, North Carolina 28144

RE: Type A1 Administrative Penalty
TGH Residential Services, 328 Old Concord Road, Salisbury, NC 28144
MHL # 080-214
E-mail Address: trankintghbehavioral@gmail.com

Dear Ms. Rankin:

Based on the findings of this agency from a survey completed on July 12, 2023, we find that TGH Behavioral Health Services, Inc. has operated TGH Residential Services in violation of North Carolina General Statute (N.C.G.S.) § 122C, Article 2, the licensing rules for Mental Health, Developmental Disabilities, and Substance Abuse Services and/or N.C.G.S. § 122C. After a review of the findings, this agency is taking the following action:

Administrative Penalty – Pursuant to N.C.G.S. § 122C-24.1, the Division of Health Service Regulation, Department of Health and Human Services (DHHS), is hereby assessing a Type A1 administrative penalty of \$2,000.00 against TGH Behavioral Health Services, Inc. for violation of 10A NCAC 27G .0303 Location and Exterior Requirements (V736). Payment of the penalty is to be made to the Division of Health Service Regulation and mailed to the Mental Health Licensure and Certification Section, 2718 Mail Service Center, Raleigh, North Carolina 27699-2718. If the penalty is not paid within sixty (60) days of this notification, a 10% penalty plus accrued interest will be added to the initial penalty amount as per N.C.G.S. § 147-86.23. In addition, the Department has the right to initiate judicial actions to recover the amount of the administrative penalty. The facts upon which the administrative penalty is based and the statutes and rules which were violated are set out in the attached Statement of Deficiencies which are incorporated by reference as though fully set out herein.

Appeal Notice – You have the right to contest the above action by filing a petition for a contested case hearing with the Office of Administrative Hearings within thirty (30) days of mailing of this letter. *Please write the facility's Mental Health License (MHL) number at the top of your petition.* For complete instructions on the filing of petitions, please contact the Office of Administrative Hearings at (919) 431-3000. The mailing address for the Office of Administrative Hearings is as follows:

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 • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

July 26, 2023
TGH Residential Services
TGH Behavioral Health Services, Inc.

Office of Administrative Hearings
6714 Mail Service Center
Raleigh, NC 27699-6714

North Carolina General Statute § 150B-23 provides that you must also serve a copy of the petition on all other parties, which includes the Department of Health and Human Services. The Department's representative for such actions is Ms. Julie Cronin, General Counsel. This person may receive service of process by mail at the following address:

Ms. Julie Cronin, General Counsel
Department of Health and Human Services
Office of Legal Affairs
Adams Building
2001 Mail Service Center
Raleigh, NC 27699-2001

If you do not file a petition within the thirty (30) day period, you lose your right to appeal and the action explained in this letter will become effective as described above. *Please note that each appealable action has a separate, distinct appeal process and the proper procedures must be completed for each appealable action.*

In addition to your right to file a petition for a contested case hearing, N.C.G.S. § 150B-22 encourages the settlement of disputes through informal procedures. The Division of Health Service Regulation is available at the provider's request for discussion or consultation that might resolve this matter. To arrange for an informal meeting, you must contact DHSR at 336-247-5469 within thirty (30) days from the date of this letter. Please note that the use of informal procedures does not extend the 30 days allowed to file for a contested case hearing as explained above.

Should you have any questions regarding any aspect of this letter, please do not hesitate to contact us at the Department of Health and Human Services, Division of Health Service Regulation, Mental Health Licensure and Certification Section, 2718 Mail Service Center, Raleigh, NC 27699-2718 or call Clarice Rising, Western Branch Manager at 336-247-5469.

Sincerely,



Robin Sulfridge, Chief
Mental Health Licensure & Certification Section

Cc: dhsrreports@dhhs.nc.gov, DMH/DD/SAS
Medicaid.dhsr.notice@dhhs.nc.gov, NC Medicaid
accreditationNotifications@nctracks.com, NC Medicaid Fiscal Agent
DHSR@Alliancebhc.org
dhhs@vayahealth.com
Joy Futrell, CEO, Trillium Health Resources LME/MCO
Fonda Gonzales, Director of Quality Management, Trillium Health Resources LME/MCO
Micah Ennis, Director, Rowan County DSS
Pam Pridgen, Administrative Supervisor



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

July 26, 2023

Tonya Rankin, Chief Executive Officer
TGH Behavioral Health Services, Inc.
328 Old Concord Road
Salisbury, NC 28144

Re: Annual and Follow Up Survey completed July 12, 2023
TGH Residential Services, 328 Old Concord Road, Salisbury, NC 28144
MHL # 080-214
E-mail Address: trankintghbehavioral@gmail.com

Dear Ms. Rankin:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed July 12, 2023.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

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(s) is cited for 10A NCAC 27G .0303 Location and Exterior Requirements (V736).
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Type A1 violations must be **corrected** within 23 days from the exit date of the survey, which is August 4, 2023. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed Type A1 violation(s) by the 23rd day from the date of the survey may result in the assessment of an administrative penalty of \$500.00 (Five Hundred) against TGH Behavioral Health Services, Inc. for each day the deficiency remains out of compliance.
- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is September 10, 2023

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.

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
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- 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

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Maria Smith at (828) 747-9913.

Sincerely,



Angela C. Keadle, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR@Alliancebhc.org
dhhs@vayahealth.com
Micah Ennis, Director Rowan County DSS
Joy Futrell, CEO, Trillium Health Resources LME/MCO
Fonda Gonzales, Director of Quality Management, Trillium Health Resources LME/MCO
Pam Pridgen, Administrative Supervisor