

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/18/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER TOURNAMENT STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 1508 LANE STREET KANNAPOLIS, NC 28083
--	---

(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 and complaint survey was completed on 8-18-23. The complaints were unsubstantiated (Intake #'s NC 00203897 and NC 00203666). 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 4. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; 	V 110		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/18/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER TOURNAMENT STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 1508 LANE STREET KANNAPOLIS, NC 28083
--	---

(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 110	<p>Continued From page 1</p> <p>(6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 audited staff (staff #2) demonstrated the knowledge, skills, and abilities required by the population served. The findings are:</p> <p>Review on 7-20-23 of former client (FC) #5's record revealed: -Date of admission: 3-17-23. -Date of Discharge: 7-9-23. -Age: 16. -Diagnoses: Attention Deficit Hyperactivity Disorder (ADHD), combined, Conduct Disorder childhood onset, Post-Traumatic Stress Disorder (PTSD).</p> <p>-Review on 7-18-23 of staff #2's personnel record revealed: -Date of Hire: 6-19-2014. -Title: direct support professional.</p> <p>Review on 7-17-23 of facility records revealed: -Documentation of an internal investigation (6-18-23) regarding allegations that staff #2 pointed a gun and threatened FC #5 -Email from FC #5's Department of Social</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/18/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER TOURNAMENT STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 1508 LANE STREET KANNAPOLIS, NC 28083
--	---

(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 110	<p>Continued From page 2</p> <p>Services Social Worker to the Executive Director (ED) dated 6-18-23 titled "[FC #5] concerns" in which the Social Worker revealed: -"I had gotten wind that he (FC #5) claimed a staff pulled a gun on him (which he admitted was a lie by 5pm same day)." -"[FC #3] claims that he just made the claim about the weapon because he wanted to avoid consequences for his actions. He said he understands he was wrong."</p> <p>Interview on 8-3-23 with staff #2 revealed: -"I didn't bring the gun to the house (facility)." -" I am a licensed gun owner. I had been at the gun range the day before and had put the gun in one of my bags. I usually have several bags because I go to school, and have a couple of different things going on and I carry a couple different bags with me." -"I usually work overnights, I came in the house and sat the bags down. [FC #5] was in the room with me. I opened the bag to look for my computer and saw the gun. I panicked. [FC #5] was standing right beside me. [Client #3] was coming to the living room from his room. I wrapped it (the gun) up in a cloth, put it back in the bag, took the bag to my car and locked it in my trunk." -"I called [QP] he was already on his way in. As soon as he came I told him I had to run a quick errand. I took the gun home." -"I did not tell anyone about the gun. I never took it out, I didn't show it to anyone. [FC #5] didn't say anything to me about the gun, I wasn't sure if he even seen the gun but thought he had to have seen it cause he was standing right beside me when I opened the bag."</p> <p>Interview on 7-17-23 with client #1 revealed: -He did not see the gun.</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/18/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER TOURNAMENT STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 1508 LANE STREET KANNAPOLIS, NC 28083
--	---

(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 110	<p>Continued From page 3</p> <p>-He had never seen a weapon of any kind in the facility.</p> <p>Interview on 7-17-23 with client #2 revealed: -He did not see the gun. -He had never seen a weapon of any kind in the facility.</p> <p>Interview on 7-17-23 with client #3 revealed: -He did not see the gun. -He had never seen a weapon of any kind in the facility.</p> <p>Interview on 7-17-23 with client #4 revealed: -He did not see a gun. -FC #5 told him about the gun. -While he and FC #5 were AWOL (absent without leave), FC #5 told him that staff #2 had pulled a gun on him and threatened him. -"I found out that he lied about all of that, he (FC #5) admitted he lied. He just told me that to scare me so I would run with him." -"I never saw a gun. The staff here are good to us."</p> <p>Interview on 7-20-23 with FC #5 revealed: -"No, I never saw a gun." -"I saw the gun but he (staff #2) never pointed it at me or anything." -"I don't know why I said that (staff #2 pointed a gun at him and threatened him)."</p> <p>Interview on 7-17-23 with the ED revealed: -He was informed by the Qualified Professional (QP) on 6-15-23 of the allegations (staff #2 threatened FC #5 with a gun). -"[FC #5] immediately recanted the allegation." -Completed an internal investigation on 6-18-23 and concluded that staff #2 did not threaten FC #5 with a gun, however staff #2 had brought a</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/18/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER TOURNAMENT STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 1508 LANE STREET KANNAPOLIS, NC 28083
--	---

(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 110	Continued From page 4 gun to the facility. -Staff #2 did not inform him that he had "accidentally" brought a gun to the facility. -Staff #2 was suspended on 6-18-23 due to bringing a gun to the facility. -Staff #2 remained on suspension and no decision regarding staff #2's status had been made by survey exit date.	V 110		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.	V 119		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/18/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER TOURNAMENT STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 1508 LANE STREET KANNAPOLIS, NC 28083
--	---

(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 119	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to ensure medication was disposed of in a manner that guarded against diversion or accidental ingestion affecting 1 of 2 audited clients (client #1). The findings are:</p> <p>Review on 7-17-23 of client #1's record revealed: -Date of admission: 3-18-22. -Age: 16. -Diagnoses: Post-Traumatic Stress Syndrome, Attention Deficit Hyperactivity Disorder, Enuresis, Reactive Attachment Disorder, Oppositional Defiant Disorder, Possible Borderline Fetal Alcohol Syndrome. -Physician's order dated 6-12-23 for Benzoyl Peroxide 5% Lotion (Acne) 10 oz (ounce), apply small amount to affected area at bedtime.</p> <p>Observation on 7-17-23 at approximately 2:30pm of client #1's medications revealed: -Benzoyl Peroxide 5% Lotion 10 oz (ounce), dispensed 2-9-22, expired 2-9-23.</p> <p>Review on 7-17-23 of client #1's MAR revealed: -Benzoyl Peroxide 5% Lotion 10 oz (ounce), apply 1 "APP" small amount to affected area at bedtime documented as administered from 6-1-23 to 7-16-23.</p> <p>Interview on 7-17-23 with client #1 revealed: -"Yes," he was getting his medications daily.</p> <p>Interview on 7-17-23 with the Qualified</p>	V 119		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/18/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER TOURNAMENT STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 1508 LANE STREET KANNAPOLIS, NC 28083
--	---

(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 119	Continued From page 6 Professional (QP) revealed: -The client was getting the medication daily at bedtime. -The expiration date was an oversight. -"I'll call (the pharmacy) right now and get it (medication) ordered."	V 119		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on interviews and observation, the facility failed to ensure the hot water temperature was maintained between 100 and 116 degrees Fahrenheit. The findings are: Observation on 7-17-23 at approximately 1:30pm revealed: -Temperature in the kitchen sink was 120 degrees Fahrenheit. -Temperature in bathroom #1 located in the hallway was 118 degrees in the sink and 116 in the shower. -Temperature in bathroom #2 located beside bedroom #4 was 120 degrees in the sink. Interview on 7-17-23 with client #1 revealed: -No issues with the water temperature.	V 752		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/18/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER TOURNAMENT STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 1508 LANE STREET KANNAPOLIS, NC 28083
--	---

(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 752	<p>Continued From page 7</p> <p>- "I think they had it fixed last week"</p> <p>Interview on 7-17-23 with client #2 revealed: -No issues with the water temperature. -"It's fine (the water temperature)."</p> <p>Interview on 7-17-23 with client #3 revealed: -No issues with the water temperature. -"I don't like taking cold showers, I like the water hot."</p> <p>Interview on 7-17-23 with client #4 revealed: -No issues with the water temperature. -"Yeah, it's good."</p> <p>Interview on 7-17-23 with the Qualified Professional (QP) revealed: -"We've had issues with the water for a couple of weeks. [Executive Director/(ED)] had them (maintenance) out here a couple of times working on the water. The last time they were here they turned it (temperature) down too low and they had to come back out and turn it up. I'll call him (ED) right now and have them come back out to turn it down." -There were no complaints from the residents about the water.</p> <p>Interview on 7-17-23 with the ED revealed: -"I've already called them (maintenance) to come out and fix the water. They will be here today."</p>	V 752		