

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-399	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/08/2023
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NAME OF PROVIDER OR SUPPLIER HOME OF A SECOND CHANCE, I	STREET ADDRESS, CITY, STATE, ZIP CODE 6891 NEELY WAY RURAL HALL, NC 27045
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on November 8, 2023. 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 2. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure disaster drills were conducted quarterly for each shift and under conditions that simulate fire emergencies. The findings are:</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 114	<p>Continued From page 1</p> <p>Review on 11/7/23 of the facility's disaster drill log revealed no documentation of simulated disaster drills for:</p> <ul style="list-style-type: none"> -January-March 2023 (First Quarter): 1st and 2nd shifts. -April-June 2023 (Second Quarter): 1st and 3rd shifts. -July-September 2023 (Third Quarter): 1st and 2nd shifts. -October-December 2022 (Fourth Quarter): 1st and 3rd shifts. <p>Interview on 11/6/23 with Client #1 revealed:</p> <ul style="list-style-type: none"> -He had been living at the facility since March 2023. -"I can't remember if we do disaster drills or what disasters we're supposed to do." <p>Interview on 11/6/23 with Client #2 revealed:</p> <ul style="list-style-type: none"> -His date of admission was 11/1/23. -No disaster drills had been conducted since he arrived at the facility. <p>Interview on 11/7/23 with the Director/Qualified Professional revealed:</p> <ul style="list-style-type: none"> -There were 3 shifts: <ul style="list-style-type: none"> -1st from 8 am to 2 pm. -2nd from 2 pm to 11 pm. -3rd from 11 pm-8 am. -The Associate Professional (AP) placed the fire and disaster drills on a calendar for each shift and for every month. -Staff were responsible for looking in the fire and disaster drill book and explaining to the clients what was to happen in the case of a disaster. -Staff sat down with the clients and discussed disasters. 	V 114		

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V 297	Continued From page 2	V 297		
V 297	<p>27G .1705 Residential Tx. Child/Adol - Req. for L P</p> <p>10A NCAC 27G .1705 REQUIREMENTS OF LICENSED PROFESSIONALS</p> <p>(a) Face to face clinical consultation shall be provided in each facility at least four hours a week by a licensed professional. For purposes of this Rule, licensed professional means an individual who holds a license or provisional license issued by the governing board regulating a human service profession in the State of North Carolina. For substance-related disorders this shall include a licensed Clinical Addiction Specialist or a certified Clinical Supervisor.</p> <p>(b) The consultation specified in Paragraph (a) of this Rule shall include:</p> <p>(1) clinical supervision of the qualified professional specified in Rule .1702 of this Section;</p> <p>(2) individual, group or family therapy services; or</p> <p>(3) involvement in child or adolescent specific treatment plans or overall program issues.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure face to face clinical consultation was provided in the facility at least 4 hours a week by a licensed professional. The findings are:</p> <p>Review on 11/7/23 of Client #1's record revealed: -Date of admission: 2/8/23. -Diagnoses: Attention Deficit Hyperactivity Disorder (ADHD), Disruptive Mood Dysregulation</p>	V 297		

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V 297	<p>Continued From page 3</p> <p>Disorder (DMDD), Unspecified Neurodevelopment Disorder, Unspecified Depression, History of Post-traumatic Stress Disorder, History of Obsessive-Compulsive Disorder, Child Neglect, and Subsequent Encounter Child in Welfare Custody. -Age: 14. -2 updated notes in his plan with one note dated 9/12/23 that Client #1 "became angry and punched holes in his walls" and a separate note dated 10/13/23 in which he "became angry when confronted about horseplaying and broke a glass door at the facility."</p> <p>Review on 11/8/23 of Client #2's record revealed: -Date of admission: 11/1/23. -Diagnoses: Conduct Disorder, Cannabis Use Disorder -Age: 13. -Assessment dated 10/21/23 from his previous placement included he "struggles to accept responsibility for his behaviors and presents as impulsive, antagonizing and manipulative" and had a history of resistance toward implementing strategies to reduce factors that triggered his substance use.</p> <p>Reviews on 11/7/23 and 11/8/23 of Former Client (FC#3)'s record revealed: -Date of admission: 1/2/23 -Date of discharge: 10/29/23 -Diagnoses: ADHD, DMDD, Unspecified Trauma-and-Stressor Related Disorder, Conduct Disorder, Cannabis Use Disorder, Child Neglect, Child Abuse, and Removal from Home in Childhood. -Age: 17. -Discharge Summary dated 10/30/23 included reasons for discharge were FC #3's increased "aggressive and defiant" behaviors (refused to</p>	V 297		

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V 297	<p>Continued From page 4</p> <p>accept responsibility for behaviors that included outbursts of 3-4 times weekly with property damage and possession of marijuana devices) with his refusal to participate in treatment.</p> <p>Interview on 11/6/23 with Client #1 revealed: -He did not receive counseling from a licensed counselor at the facility.</p> <p>Interview on 11/6/23 with Client #2 revealed: -"I haven't seen a counselor since I've been here (at facility)."</p> <p>Interview on 11/8/23 with the Director/Qualified Professional revealed: -The last time the Licensed Professional (LP) was at the facility and provided services was on 9/3/23. -The LP started another job the end of August 2023 and had been available for consultation with staff by telephone call. -"I know that's not good enough and will work on this."</p>	V 297		