

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL076-063</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/27/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>YOUTH UNLIMITED-SLANE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2872 YOUTH UNLIMITED DRIVE</b> <b>SOPHIA, NC 27350</b>
---	---

(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>A complaint and follow up survey was completed on February 27, 2024. The complaint was unsubstantiated (intake #NC00213696). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</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 109	<p><b>27G .0203 Privileging/Training Professionals</b></p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol> <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based</p>	V 109		

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:  <b>MHL076-063</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/27/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>YOUTH UNLIMITED-SLANE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2872 YOUTH UNLIMITED DRIVE</b> <b>SOPHIA, NC 27350</b>
---	---

(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 109	<p>Continued From page 1</p> <p>employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, two of two Qualified Professionals (QP) (the Facility Director/QP and staff #3) failed to demonstrate knowledge, skills and abilities to meet the needs of clients. The findings are:</p> <p>Reviews on 2/23/24 and 2/27/24 of personnel records revealed:</p> <p>The Facility Director/QP- -Date of hire was 1/25/21.</p> <p>Staff #3- -Date of hire was 9/11/23. -Hired as a Residential Counselor.</p> <p>Interview on 2/26/24 with client #3 revealed: -He had heard staff "cussing" at each other. -He had heard the Facility Director/QP and staff #3 "cussing" at each other "in playful way." -He couldn't remember the specific "cuss" words they were using.</p>	V 109		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL076-063</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/27/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>YOUTH UNLIMITED-SLANE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2872 YOUTH UNLIMITED DRIVE</b> <b>SOPHIA, NC 27350</b>
---	---

(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 109	<p>Continued From page 2</p> <p>Interview on 2/26/24 with staff #3 revealed: -She had "cussed" around the clients when talking to other staff. -"Sometimes cuss words would just slip out." -She might say "h**l or s**t." -"It didn't happen that often."</p> <p>Interview on 2/23/24 with the Facility Director/QP revealed: -He had talked to other staff and had used profanity the past. -He had never "cussed" at the clients, but had "cussed" around them. -"That just happened occasionally. He don't talk that way all the time."</p> <p>Interviews on 2/26/24 and 2/27/24 with the Clinical Operations Director revealed: -He wasn't aware the Facility Director/QP and staff #3 were using profanity in the presence of clients. -The clients and other staff never brought that to his attention.</p>	V 109		
V 295	<p>27G .1703 Residential Tx. Child/Adol - Req. for A P</p> <p>10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS (a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1). (b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its</p>	V 295		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL076-063</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/27/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>YOUTH UNLIMITED-SLANE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2872 YOUTH UNLIMITED DRIVE</b> <b>SOPHIA, NC 27350</b>
---	---

(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 295	<p>Continued From page 3</p> <p>associate professional(s). At a minimum these policies shall address the following:</p> <ul style="list-style-type: none"> <li>(1) management of the day to day day-to-day operations of the facility;</li> <li>(2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and</li> <li>(3) participation in service planning meetings.</li> </ul> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to employ an Associate Professional (AP) who provided services to the group home on a full-time basis. The findings are:</p> <p>Reviews on 2/23/24 and 2/27/24 of personnel records revealed:</p> <p>Staff #1- -Date of hire was 5/9/23. -Hired as a Residential Counselor.</p> <p>Staff #2- -Date of hire was 6/8/22. -Hired as a Residential Counselor.</p> <p>Staff #3- -Date of hire was 9/11/23. -Hired as a Residential Counselor.</p> <p>Interviews on 2/26/24 with staff #1, staff #2 and staff #3 revealed: -They all worked at the facility as Residential Counselors.</p>	V 295		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL076-063</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/27/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>YOUTH UNLIMITED-SLANE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2872 YOUTH UNLIMITED DRIVE</b> <b>SOPHIA, NC 27350</b>
---	---

(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 295	Continued From page 4  -They did not serve as the AP for the facility.  Interview on 2/27/23 with the Clinical Operations Director revealed: -They had a hard time hiring staff for the facility. -Staff turnover was the reason they had no AP for the facility. -He acknowledged the facility failed to employ an AP to the facility on a full-time basis.	V 295		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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.  This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:  Observation on 2/26/24 at approximately 2:25 PM revealed: -Den area-Door knob to front door was loose. One set of blinds had nine slats broken on the ends. A 2nd set of blinds had sixteen slats broken on the ends. A 3rd set of blinds had three slats broken on the ends. -Steps leading up to staff's office-Approximately eight small pieces of white paper. Build up of dirt. The wooden banister was loose. -Front porch area-Two couches, tire rim, air pump, five reflectors, arm to wheelchair, for plastic poles, two sets of jumper cables, two metal rusting chairs, a wooden chair and a wooden table with the top portion peeling.	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL076-063</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/27/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>YOUTH UNLIMITED-SLANE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2872 YOUTH UNLIMITED DRIVE</b> <b>SOPHIA, NC 27350</b>
---	---

(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 736	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>-Kitchen area-Rusted floor vent and linoleum flooring had white markings.</li> <li>-Empty client bedroom-Blinds had one missing slat. Approximately fifteen peeling paint areas on walls.</li> <li>-Bathroom A-Cabinet door missing. Ceiling had grayish stains.</li> <li>-Client #1's bedroom-Crack in bedroom door approximately sixteen inches long. Door knob was loose. Nine blind slats had broken ends. Writing on the ceiling. Approximately six peeling paint areas on walls.</li> <li>-Client #2's bedroom-Blanket over window. Letters etched into the wall. Approximately seven peeling paint areas on walls. Two blind slats had broken ends.</li> <li>-Client #3's bedroom-Crack in bedroom door approximately sixteen inches long. Eight blind slats had broken ends. Brown stains and writing on walls. Approximately six peeling paint areas on walls.</li> <li>-Bathroom B-Piece of wall tile missing. Two pieces of tile were separating from wall. Paint peeling on ceiling. Approximately one hundred grayish pin sized spots on ceiling.</li> <li>-Game Room-Eight blind slats had broken ends.</li> </ul> <p>Interview on 2/26/24 with the Facility Director/Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>-He was aware of the majority of the maintenance issues with the facility.</li> <li>-Some of the issues with the facility had been that way "for a while."</li> <li>-The items on the front porch had been there for about a month.</li> <li>-They were waiting on a maintenance person to pick up those items.</li> <li>-He acknowledged the facility was not maintained in a safe, clean, attractive and orderly manner.</li> </ul>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL076-063</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/27/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>YOUTH UNLIMITED-SLANE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2872 YOUTH UNLIMITED DRIVE</b> <b>SOPHIA, NC 27350</b>
---	---

(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 736	<p>Continued From page 6</p> <p>Interview on 2/27/24 with the Clinical Operations Director revealed:</p> <ul style="list-style-type: none"> <li>-They addressed most of the maintenance issues in the facility after the August 2023 survey.</li> <li>-Clients did additional damage to facility after those repairs were completed.</li> <li>-He acknowledged the facility was not maintained in a safe, clean, attractive and orderly manner.</li> </ul> <p>This deficiency has been cited 2 time(s) since the original cite on 10/25/22 and must be corrected within 30 days.</p>	V 736		