

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601555	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/23/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER JOHNNY B'S, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7111 BULLOCK DRIVE CHARLOTTE, NC 28214
--	--

(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>A complaint survey was completed on January 23, 2024. The complaint was unsubstantiated (intake #NC00210797). A deficiency was 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 3 and currently has a census of 1. The survey sample consisted of audits of 1 current client and 1 former client</p>	V 000	<p>Staff completed the incident report and thought that they submitted the incident report. They did complete the incident report but didn't submit it. All staff responsible for submitting incident reports have completed training on incident reporting to prevent the problem from occurring again. Staff will be trained quarterly on incident reporting and will be overseen by the QP.</p>	
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <ol style="list-style-type: none"> (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the 	V 367	<p style="text-align: center;">RECEIVED FEB 19 2024 DHSR-MH Licensure Sect</p>	

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

[Signature]

TITLE

Executive Director

(X6) DATE

2/12/24

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601555	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/23/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER JOHNNY B'S, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7111 BULLOCK DRIVE CHARLOTTE, NC 28214
--	--

(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 367	<p>Continued From page 1</p> <p>cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601555	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/23/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER JOHNNY B'S, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7111 BULLOCK DRIVE CHARLOTTE, NC 28214
--	--

(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 367	<p>Continued From page 2</p> <p>include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all Level 2 incidents to the Local Management Entity (LME) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 1/16/24 of a document titled Incident Report- (In-House) revealed: -On 11/20/23, FC #1 became upset, punched herself in the nose, pulled her own hair out and became physically aggressive toward staff. -Police was called for assistance. -FC #1 was taken to a local hospital for an evaluation.</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601555	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/23/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER JOHNNY B'S, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7111 BULLOCK DRIVE CHARLOTTE, NC 28214
--	--

(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 367	<p>Continued From page 3</p> <p>Review on 1/16/24 of the North Carolina Incident Response Improvement System (NCIRIS) from 11/1/23- 1/16/24 revealed:</p> <ul style="list-style-type: none"> - No level II NCIRIS report for FC #1 self-harming and being physically aggressive toward staff, that required police involvement and an evaluation at a local hospital on 11/20/23. <p>Interview on 1/23/24 with NCIRIS Staff revealed:</p> <ul style="list-style-type: none"> -An incident report for 11/20/23 had been initiated. -The incident report for 11/20/23 was incomplete and contained some errors. -Facility's staff needed to complete the incident report for 11/20/23 and submit. <p>Interview on 1/16/24 with Staff #1 revealed:</p> <ul style="list-style-type: none"> -The Executive Director completed an internal incident report for the incident with FC #1 on 11/20/23. -Did not know if the incident had been submitted to NCIRIS. -The Executive Director was responsible for submitting incident reports in NCIRIS. <p>Interview on 1/23/24 with Interview on 1/16/24 with the Executive Director revealed:</p> <ul style="list-style-type: none"> -Completed an "in-house" incident report. -She was responsible for entering incident reports into NCIRIS. -Entered an NCIRIS report on 11/22/23, but unaware it was incomplete. -"I will go back into (NC)IRIS and complete the incident report." 	V 367		

Scales Training

Certificate of Completion
Is Awarded To



HAS SUCCESSFULLY COMPLETED THE

Incident Reporting Training

Types of incidents, when to report, how to report, timeframe on reporting and Levels of incidents

February 1st, 2024

2/1/2024

Date

A handwritten signature in black ink, appearing to be 'A. J.', written over a horizontal line.

Signature