

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/08/2024
NAME OF PROVIDER OR SUPPLIER FALCON CREST RESIDENTIAL CARE 2		STREET ADDRESS, CITY, STATE, ZIP CODE 2094 HAITH FULLER TRAIL MEBANE, NC 27302		
(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 293	<p>27G .1701 Residential Tx. Child/Adol - Scope</p> <p>10A NCAC 27G .1701 SCOPE</p> <p>(a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility.</p> <p>(b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section.</p> <p>(c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services.</p> <p>(d) The children or adolescents served shall require the following:</p> <p>(1) removal from home to a community-based residential setting in order to facilitate treatment; and</p> <p>(2) treatment in a staff secure setting.</p> <p>(e) Services shall be designed to:</p> <p>(1) include individualized supervision and structure of daily living;</p> <p>(2) minimize the occurrence of behaviors related to functional deficits;</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.</p>	V 293	<p>RECEIVED</p> <p>FEB 26 2024</p> <p>DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

WJRZ11

If continuation sheet 1 of 3

Division of Health Service Regulation

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V 293	<p>Continued From page 1</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to ensure minor and adult clients did not reside in the same facility affecting three of three audited clients (#1, #2 and #3). The findings are:</p> <p>Review on 2/8/24 of Client #1's record revealed: -Age 19. -Admission date of 5/13/21. -Diagnoses of Disruptive Mood Dysregulation Disorder, Borderline Intellectual Functioning, Unspecified Schizophrenia Spectrum, and other Psychotic Disorders.</p> <p>Review on 2/8/24 of Client #2's record revealed: -Age 19. -Admission date of 8/20/20. -Diagnoses of Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder, R/O Unspecified Mood Disorder, Mood Dysregulation Disorder and Major Depressive Disorder.'</p> <p>Review on 2/8/24 of Client #3's record revealed: -Age 17.</p>	V 293	<p>Falcon Crest Program Director/QP and Alliance Care Coordinator has been working with several IDD Adult providers by completing applications for consumer # 1 to step down. He has several open applications which is on the waiting list for him to transition too. Target date for possible transitioning to a IDD Adult Care facility within 60 days.</p>	

George Hey
Program Director

2/23/2024

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

FALCON CREST RESIDENTIAL CARE 2

**2094 HAITH FULLER TRAIL
MEBANE, NC 27302**

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V 293	<p>Continued From page 2</p> <p>-Admission date of 10/7/21. -Diagnoses of Attention Deficit Hyperactivity Disorder, Predominantly Hyperactive and Impulsive Presentation, Post Traumatic Stress Disorder, and Borderline Intellectual Functioning.</p> <p>Review on 2/8/24 of the facility's license revealed: -The facility was licensed as a 1700 - Residential Treatment Staff Secure for Children or Adolescents with a capacity of 4 clients effective 1/1/24 and original date of 10/13/2006.</p> <p>Interview on 2/8/24 with the Director revealed: -Client #1 turned 19-years-old in December 2023. -Client #2 turned 19-years-old in May 2023. -Client #1 and client #2 graduated from high school in 2023. -He was working with a care coordinator from the Local Management Entities/Managed Care Organization (LME/MCO) in the last 30 days. -He had zoom meetings with a couple of intellectual developmental disability adult care facilities. -There was currently no pending discharge date at this time for client #1. -He had zoom meetings with potential agencies for placement for client #2. -He did not file and was unaware of the waiver request process. -Possible discharge within 60 days of transitioning client #2 from level III facility.</p>	V 293	<p>Consumer has shown some progress towards all his level III treatment goals, especially with following staff directives. Consumer is in a supportive environment at this time and staff will continue to implement interventions to assist him with progression on demonstrating positive social skills, decreasing impulsive behaviors, aggressive behavior, anger problems, and negative peer associations. Consumer will greatly benefit from continuing services at Falcon Crest Residential to ensure positive relationships with other, elimination of aggressive behaviors towards others, strict supervision, structure, and interventions to assist Consumer with achieving level III treatment goals.</p> <p>Falcon Crest Program Director/QP and Alliance Care Coordinator has been working due diligently with several IDD Adult providers by completing applications for consumer # 2 to step down. He has several open applications which are on the waiting list. Target date for possible transitioning to a IDD Adult Care facility within 60 days.</p>	

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STATE FORM

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If continuation sheet 3 of 3

George Avery
Program Director

2/23/2024