

**Division of Health Service Regulation  
Mental Health Licensure and Certification Section  
Rule Violation and Client/Staff Identifier List**

Facility Name: Residential Adolescents Community Services  
Exit Date: 1/19/24

MHL Number: 060-1488  
Surveyor(s): [REDACTED]

**EXIT PARTICIPANTS:** [REDACTED] QP/Director, [REDACTED] Residential  
Manager, [REDACTED] Surveyor

**COVID NOTIFICATION:** In the event a COVID positive case is identified within 48 hours of a DHSR survey – the provider or DHSR should notify the other entity to prevent possible continued exposures.

**An annual, complaint and follow up survey was completed on 1/19/23. The complaint was unsubstantiated.**

Rule Violation/Tag #/Citation Level: **10A NCAC 27G .0203 Competencies of Qualified Professional and Associate Professionals (V109) was crossed over to Tag V112 Assessment and Treatment/Habilitation or Service Plan for a Type B violation. March 4, 2024, Update – PCP update – New Room -**

Rule Violation/Tag #/Citation Level: **10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) cited as a Type B violation with a cross over from Tag V109 Competencies of Qualified Professional and Associate Professionals**

Rule Violation/Tag #/Citation Level: **10A NCAC 27G. .0207 Emergency Plans and Supplies (V114) cited as a recite with 30-day plan of correction. – March 4, 2024**

Rule Violation/Tag #/Citation Level: **10A NCAC 27G .1703 Requirements for Associate Professionals (V295) cited as a standard deficiency with a 60-day plan of correction.**

Rule Violation/Tag #/Citation Level: **10A NCAC 27G .0603 Incident Response Requirements for Category A and B providers (V366) cited as a recite with a 30-day plan of correction. – March 4, 2024**

Rule Violation/Tag #/Citation Level: **10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (367) cited as a recite with a 30-day plan of correction – March 4, 2024**

Rule Violation/Tag #/Citation Level: **10A NCAC 27G .0303 Location and Exterior Requirements (736) cited as standard deficiency with a 60-day plan of correction.**

**CITATION LEVEL:** Number of days from survey exit for citation correction  
Standard = 60 days    Recite – standard = 30 days    Type A = 23 days    Type B = 45 days  
Uncorrected Type A or Type B Imposed = provider should provide written notification of intended correction date

**Client & Staff Identifier List**  
(Indicate staff title or number beside each name)

Client # [REDACTED]  
Client # [REDACTED]  
Former Client # [REDACTED]

Staff #1 [REDACTED]  
Staff #2 [REDACTED]  
Staff #3 [REDACTED]  
Associate Professional [REDACTED]  
Residential Manager [REDACTED]  
Director/Qualified Professional- [REDACTED]

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Division of Health Service Regulation  
Mental Health Licensure and Certification Section

Facility Name: Residential Adolescent Community Services, LLC

MHL Number: 060-1488

Rule Violation/Tag #/Citation Level: 10A NCAC 27G. .0207 Emergency Plans and Supplies (V114) cited as a recite with 30-day plan of correction.

Plan of Correction – Completed by Facility Staff

(Attach additional pages if needed)

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc. – The CEO has trained all staff on Emergency plans and supplies and discussed the importance of completing this task.

- Indicate what measures will be put in place to prevent the problem from occurring again – The CEO/Qualified Professional will address and review the Emergency Plan binder for updates of each fire drill and disaster drill at the staff meetings

- Indicate who will monitor the situation to ensure it will not occur again – The CEO has appointed each shift to complete a fire drill every month followed by signing the time date and staff initial with the approval from CEO signature that it has been completed

- Indicate how often the monitoring will take place – The CEO will conduct monthly audits and annual audits to ensure we are following state guidelines.

Facility Staff completing this form:  CEO

Name/Title \_\_\_\_\_ Date 2/19/2024

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Division of Health Service Regulation  
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Facility Name: Residential Adolescent Community Services, LLC

MHL Number: 060-1488

Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) cited as a Type B violation with a cross over from Tag V109 Competencies of Qualified Professional and Associate Professionals

Plan of Correction – Completed by Facility Staff

(Attach additional pages if needed)

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc. – CEO/Qualified Professional will continue to review the state rules and regulations to get educated with the requirements for this rule.

- Indicate what measures will be put in place to prevent the problem from occurring again –

The QP will take the new Person-Centered training and provide the QA/QI the opportunity to review.

- Indicate who will monitor the situation to ensure it will not occur again –

The agency clinician and the QA/QI team will monitor the QP to ensure the rules are being followed as it pertains to this rule.

- Indicate how often the monitoring will take place –

The client files will be reviewed every 60 days to ensure this rule is being followed. At this time there has been a single occupancy room created for child 1.

Facility Staff completing this form:  CEO

Name/Title \_\_\_\_\_

Date 2/19/2024

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Division of Health Service Regulation  
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Facility Name: Residential Adolescent Community Services, LLC

MHL Number: 060-1488

Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0203 Competencies of Qualified Professional and Associate Professionals (V109) was crossed over to Tag V112 Assessment and Treatment/Habilitation or Service Plan for a Type B violation.

Plan of Correction – Completed by Facility Staff

(Attach additional pages if needed)

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc. – The CEO/Qualified Professional will not remove any information from the Service Plan (Person-Centered Plan) if a member is still working on the goal.
  - Indicate what measures will be put in place to prevent the problem from occurring again –  
The CEO/Qualified Professional will attend training and review the training material received from the training on Service Plans (PCP) prior to making changes and become more educated on the rules and regulations for this process.
  - Indicate who will monitor the situation to ensure it will not occur again –  
The agency clinician and the QA/QI team will monitor the QP to ensure the rules are being followed as it pertains to the Service Plan (PCP)
  - Indicate how often the monitoring will take place –  
This rule will be monitored at least every 60 days
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Facility Staff completing this form: [REDACTED] CEO

Name/Title \_\_\_\_\_

Date 2/12/2024

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Division of Health Service Regulation  
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Facility Name: Residential Adolescent Community Services, LLC

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Rule Violation/Tag #/Citation Level: 10A NCAC 27G .1703 Requirements for Associate Professionals (V295) cited as a standard deficiency with a 60-day plan of correction.

Plan of Correction – Completed by Facility Staff

(Attach additional pages if needed)

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc. –  
The CEO will correct this deficiency by hiring an AP that is qualified and can dedicate the proper hours to this position.

- Indicate what measures will be put in place to prevent the problem from occurring again –  
The CEO will take continuing education hours for the mental health licensure rules.

- Indicate who will monitor the situation to ensure it will not occur again –

The QA/QI team will ensure this procedure is in compliance and monitor the situation to ensure it will not occur again.

- Indicate how often the monitoring will take place –

The CEO will complete the audit form to make sure this rule is being followed quarterly.

Facility Staff completing this form: [REDACTED] CEO

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Name/Title \_\_\_\_\_

Date 3/2/2024

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Facility Name: Residential Adolescent Community Services, LLC

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Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0603 Incident Response Requirements for Category A and B providers (V366) cited as a recite with a 30-day plan of correction.

Plan of Correction – Completed by Facility Staff

(Attach additional pages if needed)

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc. –

CEO/Qualified Professional will have the QA/QI to support in training all staff in incident reporting of all incidents and CEO will provide a training PowerPoint and test questions to ensure the competency of staff with Incident reporting.

- Indicate what measures will be put in place to prevent the problem from occurring again –

CEO/QP will use the incident complaint document to ensure that all staff will have access to in-house incidents.

- Indicate who will monitor the situation to ensure it will not occur again –

QA/QI will monitor all incidents that are level 1 and 2 and CEO/QP will ensure that all incident reports are reported to Iris as required.

- Indicate how often the monitoring will take place –  
The monitoring will take place every 30 days.

Facility Staff completing this form: [REDACTED] CEO

Name/Title \_\_\_\_\_ Date 2/19/2024

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Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (367) cited as a recite with a 30-day plan of correction

Plan of Correction – Completed by Facility Staff

(Attach additional pages if needed)

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc. – CEO/QP will ensure that all staff are trained in the Incident Response Improvement System.

- Indicate what measures will be put in place to prevent the problem from occurring again – CEO/QP will review and submit all IRIS reports in the software to ensure it is successfully completed.

- Indicate who will monitor the situation to ensure it will not occur again – QEO/QP and residential management will discuss any in-house or incidents that have occurred with staff during weekly meetings.

- Indicate how often the monitoring will take place –

The monitoring will take place weekly

Facility Staff completing this form: [REDACTED] CEO

Name/Title \_\_\_\_\_

Date 2/19/2024

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Plan of Correction – Completed by Facility Staff

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- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc. – The CEO/Qualified Professional will use and add to the end of shift check list to include any structural deficiency for the interior or exterior of the home.

Added as safety check list for all staff each shift will include but not limited to:

1. Furniture clean and stable
2. Dressers are in good working condition
3. Clean air filters
4. Windows in good condition
5. No trash around exterior

- Indicate what measures will be put in place to prevent the problem from occurring again

–  
CEO/QP will do weekly check, monthly, and annual audit to ensure this deficiency is corrected.

- Indicate who will monitor the situation to ensure it will not occur again –  
The CEO/QP and residential management will monitor the list during the weekly meeting and ensure any problems are rectified immediately.

- Indicate how often the monitoring will take place –  
This will take place weekly

Facility Staff completing this form: [REDACTED] CEO

Name/Title \_\_\_\_\_

Date 2/19/2024

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