STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-393	A. BUILDING: _____ B. WING _____	04/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOHNSON ENRICHMENT SERVICES LLC	221 FOXCROFT DRIVE WINSTON SALEM, NC 27103

(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	INITIAL COMMENTS An annual and complaint survey was completed on April 1, 2024. The complaint was unsubstantiated (Intake #NC 214192). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. The facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients and 1 former client.	V 000		
V 297	27G .1705 Residential Tx. Child/Adol - Req. for L P 10A NCAC 27G .1705 REQUIREMENTS OF LICENSED PROFESSIONALS (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. (b) The consultation specified in Paragraph (a) of this Rule shall include: (1) clinical supervision of the qualified professional specified in Rule .1702 of this Section; (2) individual, group or family therapy services; or (3) involvement in child or adolescent specific treatment plans or overall program issues.	V 297		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 297	Continued From page 1	V 297		

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure face to face clinical consultation was provided in each facility at least four hours a week by a Licensed Professional (LP). The findings are:

Review on 3/27/24 of client #1's record revealed:
-Date of Admission: 12/22/23;
-Diagnoses: Opposition Defiant Disorder, severe; Unspecified Trauma and Stressor-Related Disorder;
-Age: 10.

Interview on 3/28/24 with client #1 revealed:
-"No one has come into the facility to do therapy yet;
-I have only seen the therapist (LP) once. He thought it was four days ago."

Review on 3/27/24 of client #2's record revealed:
-Date of Admission: 1/4/24;
-Diagnoses: Other Specified Trauma and other Stressors Related Disorder; Attention Deficit Hyperactivity Disorder, combined type; Conduct Disorder, with unspecified age of onset;
-Age: 11.

Interview on 3/28/24 with client #2 revealed:
-"I saw a therapist (LP) once sometime in March 2024." No additional details were provided.

Interview on 3/28/24 with staff #2 revealed:
-He was not sure if the clients were receiving therapy and could not really answer the question.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 297	Continued From page 2 Interview on 4/1/24 with the Licensed therapist revealed: -She was recently asked to return to providing therapy for the facility (unsure of when). Her first session with the clients was on 3/25/24 via zoom; -"I will be face to face weekly in the group home;" -She provided therapy to an individual client from 9/22/22 until March or April of 2023; -After the individual client left the program there were no other clients for her to serve.	V 297		