Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-757	A. BUILDING: ______ B. WING ______	R 04/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRITE HORIZON	12219 WINDY WOOD COURT CHARLOTTE, NC 28273

(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, complaint and follow up survey was completed on 4/9/24. The complaint was unsubstantiated (Intake #NC00215225). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents. The facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be	V 112		

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V 112	Continued From page 1 obtained. This Rule is not met as evidenced by: Based on record review and interview the facility failed to develop and implement goals and strategies affecting 1 or 3 audited clients (Client #2). The findings are: Review on 4/8/24 of Client #2's record revealed: - Admission date 10/18/23; - Age 15; - Diagnoses Conduct Disorder, Child Neglect or Abandonment; - Facility's "30 Day Staffing" dated 3/7/24 documented the following: Client completed a substance abuse assessment dated 2/27/24. Client tested positive on 3/5/24 for Fentanyl, Ecstasy and Tobacco. - Person Center Plan (PCP) dated 3/7/24 revealed no documentation of strategies or goals that addressed Client #2's substance use. Interview on 4/8/24 with the Qualified Professional/Director revealed: - "I didn't think to add the goal although we were addressing the problem." - Planned to contact the treatment team and have goal added to PCP today.	V 112		