STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL026-992	A. BUILDING: _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIRINGIA'S GROUP HOME #2	3352 RED FOX ROAD SPRING LAKE, NC 28390

(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 A complaint survey was completed on April 3, 2024. Two complaints were unsubstantiated (intake #NC00214982 and #NC00214932). A deficiency was 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 0. The survey sample consisted of audits of 2 former clients.	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 the facility at least four hours a week by a Licensed Professional (LP). The findings are:

Review on 4/3/24 of Former Client (FC) #1's record revealed:
- 13 year old female admitted 3/1/24
- Diagnoses included Disruptive Mood Dysregulation Disorder, Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Adjustment Disorder and Unspecified Trauma.
- No documentation of four weekly LP hours completed.

Review on 4/3/24 of FC #2's record revealed:
- 14 year old female admitted 3/1/24
- Diagnoses included Major Depressive Disorder, Anxiety Disorder-Unspecified, Unspecified Disruptive, Impulse Control and Conduct Disorder and Unspecified Attention Deficit Hyperactivity Disorder.
- No documentation of 4 weekly LP hours completed.

Interview on 4/3/24 the LP stated:
- She had weekly virtual therapy sessions with the clients.
- She had onsite therapy sessions at the facility every other month where she would be there for most of the day.

Interview on 4/3//24 the Director stated:
- She understood the requirement of face to face

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 clinical consultation to be provided in the facility at least four hours a week by a LP.	V 297		