

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-389</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/19/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ELEVATED FAMILY SERVICES, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>128 LAURA AVENUE WINSTON SALEM, NC 27105</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on April 19, 2024. The complaints were unsubstantiated(intake #NC00215292 and intake #NC00485). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>The facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 105	<p><b>27G .0201 (A) (1-7) Governing Body Policies</b></p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p>	V 105		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 105	<p>Continued From page 1</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges:</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility staff failed to follow their policy on confidentiality. The findings are:</p> <p>Review on 4/18/24 of the facility's confidentiality training revealed: -"Confidentiality Training: Note: This training is an overview of confidentiality within a human services setting. It is intended to provide a basic understanding of confidentiality guidelines and practices for all employees ...what is confidential information? Includes the identify, demographics and other person information a person served may be asked to provide in order to obtain services ..."</p> <p>Review on 4/18/24 of the Executive Director/Associate Professional (ED/AP)'s record revealed: -A hire date of 10/1/19 -A job description of Executive Director (6/14/19) and fill in as Associate Professional (2/29/24) -An education qualified as Qualified Professional</p> <p>Further review on 4/18/24 of the ED/AP's record revealed: -Confidentiality Training was completed on 6/14/19 -Health Insurance Portability and Accountability Act (HIPAA) and Clients' Rights training completed on 6/4/19</p> <p>Interview on 4/17/24 with client #1 revealed:</p>	V 105		

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V 105	<p>Continued From page 3</p> <p>"We (the clients) all have a binder. I can look at it anytime if I ask or have questions. I looked at it last month (March) because I had some questions. It (the binder) is kept in the office and is locked up. I do not have a key to it. Only staff have the key. I sat in the office with [the ED/AP] so if I have questions she can answer them. I have had all of my questions answered. Staff did not know my questions, so I called [former DSS Social Worker] and she told me the information I wanted to know."</p> <p>Interview on 4/18/24 with client #1's therapist revealed: -Had therapy sessions with client #1 once a week virtually. -" ...My biggest concern was that she was provided her file. It was on a Tuesday afternoon, we met...she started reading (the CCA) aloud. She had her CCA, and she held up a binder to the camera. She said [the ED/AP] had given it to her on Saturday to read ..."</p> <p>Interview on 4/18/24 with the Licensed Professional revealed: -"I know [client #1] was able to see her CCA, but I was not there. When we discussed it, I was given different stories, so I am not sure who gave it to [client #1] to review." -"I would be concerned, therapeutically, if [client #1] read it. I am not sure staff would know the language in the CCA. What may have been presented in the CCA may not necessarily reflect how [client #1]'s is today."</p> <p>Interview on 4/18/24 with the ED/AP revealed: -On Saturday, March 23rd (2024) I met with [client #1] ...we talked about the goals in her treatment plan ...then she asked if it was okay to look at what [client #1]'s therapist] wrote on her</p>	V 105		

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V 105	<p>Continued From page 4</p> <p>paper. I said, 'do you mean your assessment?' I told her she could see it. She read it and had a question about the information in it."</p> <p>-Client #1's binder was kept in the staff's office locked in the filing cabinet.</p> <p>-"The only time a client is allowed to see their binder was if a staff member was present. They cannot just take their binder and keep it ..."</p> <p>-Since the incident on 3/23/24, the ED/AP had not been retrained on confidentiality, clients' rights or HIPAA</p>	V 105		