

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-393	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2024
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NAME OF PROVIDER OR SUPPLIER JOHNSON ENRICHMENT SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 221 FOXCROFT DRIVE WINSTON SALEM, NC 27103
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(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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on April 1, 2024. The complaint was unsubstantiated (Intake #NC 214192). 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 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 297	<p>27G .1705 Residential Tx. Child/Adol - Req. for L P</p> <p>10A NCAC 27G .1705 REQUIREMENTS OF LICENSED PROFESSIONALS</p> <p>(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.</p> <p>(b) The consultation specified in Paragraph (a) of this Rule shall include:</p> <p>(1) clinical supervision of the qualified professional specified in Rule .1702 of this Section;</p> <p>(2) individual, group or family therapy services; or</p> <p>(3) involvement in child or adolescent specific treatment plans or overall program issues.</p>	V 297		

RECEIVED
APR 25 2024
DHSR-MH Licensure Sect

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 297	Continued From page 1 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.	V 297		
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V 297	<p>Continued From page 2</p> <p>Interview on 4/1/24 with the Licensed therapist revealed:</p> <ul style="list-style-type: none"> -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		
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Division of Health Service Regulation
Mental Health Licensure and Certification Section
(Top portion completed by DHSR staff)

Facility Name: Johnson Enrichment Services, LLC MHL Number: 034-393

Rule Violation/Tag #/Citation Level: (Administrative Action and Crosses)
1. 10A NCAC 27G .1705 Requirements of Licensed Professional (V297) Standard Level

Plan of Correction

Measures put in place to correct deficiencies:

1. I have hired a licensed clinician that will meet face to face for clinical consultation at least four hours a week.

Measures in place to prevent reoccurrence, who is monitoring and how often:

Recently I hired a Quality Assurance Professional in charge of guaranteeing the quality of services being delivered. The duties include documenting and reporting service quality levels. Developing and implementing standards for staff to abide too. Developing plans to help the company manage employees and clients. Communicating with other team members to solve problems and following up with the appropriate channels when mistakes are found. In addition the QA professional will provide training to staff to ensure all protocols are being followed.

QA/QI staff will review the credentials of the licensed clinician and also review their job description to ensure they are fully aware of their responsibilities. QA/QI staff will meet monthly with licensed clinician to review policies and procedures and ensure all staff are implementing proper

The licensed clinician will review policies and procedures to ensure that all staff demonstrate knowledge, skills and abilities required by the population served.

CITATION LEVEL: Number of days from survey exit for citation correction

Type A = 23 days **Type B** = 45 days

Uncorrected Type A or Type B Imposed = provider should provide written notification of intended correction date

Facility Staff completing this form:

Clarence Johnson CEO

4-16-24

Name/Title

Date

Clarence Johnson CEO

4-16-24

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Type A = 23 days **Type B = 45 days**

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