	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		MHL0601576	B. WING		04	/02/2024
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
REAMS	AND VISION, LLC DBC I	3430 DA 3430 DA	LECREST DRIVE			
		CHARLO	DTTE, NC 28269			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS	3	V 000			
	A complaint survey w The complaint was s (#NC00213364). De					
		d for the following service 27G .1700 Residential ire For Children Or				
	-	ed for 3 and currently has a vey sample consisted of ent.				
V 112	27G .0205 (C-D) Assessment/Treatme	ent/Habilitation Plan	V 112			
	PLAN (c) The plan shall be assessment, and in p legally responsible po of admission for clier receive services bey (d) The plan shall in (1) client outcome(s achieved by provision projected date of ach (2) strategies; (3) staff responsible (4) a schedule for re annually in consultation responsible person of (5) basis for evaluation outcome achievement (6) written consent of responsible party, or	ITATION OR SERVICE a developed based on the partnership with the client or erson or both, within 30 days ats who are expected to bond 30 days. clude:) that are anticipated to be n of the service and a ievement; ; eview of the plan at least on with the client or legally r both; ion or assessment of				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			SURVEY
			A. BUILDING:			С
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AME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
REAMS	AND VISION, LLC DBC I	NEW VISIONS HOME	LECREST DRIVE			
		CHARLO	DTTE, NC 28269			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AO CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLE DATE
V 112	Continued From page	e 1	V 112			
	This Rule is not met	as evidenced by:				
		ews and interviews, the				
		op and implement strategies it's treatment plan to address				
		nt affecting 1 of 1 audited				
	client (client #1). The	e findings are:				
		client #1's record revealed:				
	-Date of admission: 1 -Age: 12.	1-16-24.				
	-Diagnoses: Post-Tra	aumatic Stress Disorder,				
	Personal History of S	Disorder, Gender Dysphoria, Sexual Abuse in Childhood,				
	Adjustment Disorder. -Initial Clinical Menta	I Health Assessment dated				
	8-17-23 documented has a history of cond	the following: "[Client #1] uct disturbances				
		ats, lying, engaging in risky lefiance, non-compliance				
	-Local provider reass	essment dated 12-13-23 wing: Client #1 was at a				
	Facility Based Crisis	Center (FBC) from 8-31-23 lient #1) returned to the DSS				
	(department of social	l services) office on 10-31-23				
		sking to be excused to put was located on 11-7-23 and				
	was placed in a respi					
	(approximately 130 n					

MHL0601576 NING C AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CTV, STATE, ZIP CODE MEANS AND VISION, LLC DBC NEW VISIONS HOM M30 DALECREST DRIVE MARK GRAND VISION, LLC DBC NEW VISIONS HOM M30 DALECREST DRIVE MARK GRAND VISION, LLC DBC NEW VISIONS HOM M30 DALECREST DRIVE MARK GRAND VISION, LLC DBC NEW VISIONS HOM M30 DALECREST DRIVE Mark GRAND VISION, LLC DBC NEW VISIONS HOM M30 DALECREST DRIVE Mark GRAND VISION, LLC DBC NEW VISIONS HOM M30 DALECREST DRIVE V112 Continued From page 2 V 112 V 112 Review on 3-8-24 of the North Carolina Incident Response Improvement System (IRIS) revealed: -I-RIS report submitted on 2-8-24 documented the following: Following: -Destor on Fabruary 15 (2024) due to a physical altercation with another student. Consumer I - Det of incident: 2-2-24. -		OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY PLETED
MHL0e01976 In.WING Out02/202 AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE 3330 DALECREST DRIVE CHARLOTTE, NC 28269 3330 DALECREST OR WE 3330 DALECREST OR WE 3330 DALECREST OR WE 3430 DALECREST OR W				A. BUILDING:			
VIID SUMMARY STATEMENT OF DEFICIENCIES (MAID) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH OEFICIENCY MUST BE PRECEDED BY FULL RECOLLEDRIV OR LSC IDENTIFYICS INFORMATION) IP PREFIX CROSS-REFERENCED OT NOT SHOULD BE (CROSS-REFERENCED OT NAME APPROPRIATE Or V112 Continued From page 2 V112 V112 Unknown date)When client eloped from her foster parent's home, she stole their vehicle and drove on the highway. She has a history of stealing cars and driving when she does not get her way." V112 V112 Review on 3 -8-24 of the North Carolina Incident Response Improvement System (IRIS) revealed: -IRIS report submitted on 2-6-24 documented the following: -Date of incident: 2-2-24. -Consumer (client #1) was supended from school on Fobruary 1st (2024) due to a physical altercation with another student. Consumer (client #1) was given a 3 day room restriction and indicated that she wanted to leave our facility. Staff processed with her as she communication of hereings and concerns. Staff 1 was prepping meds (medications) and supporting [Client #1] as she prepared for hybride store about three minutes away in driving distance. Both staff acknowledge the consumer going into the bathroom to shower and prepare for evening thores. Staff 2 left out the door. Five minutes later staff (Opreceived a callform staff 1			MHL0601576	B. WING		04	
PREAMS AND VISION, LLC DBC NEW VISIONS HOME CHARLOTTE, NC 23269 (24) ID PRETX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY OR LSC DENTIFYING INFORMATION) ID PRETX TAG D PRETX TAG D PROVIDER'S PLAN OF CORRECTIVE ATONS HOULD BE (CROSS-REFERENCED TO THE APPROPRIATE DEFICENCY) Continued From page 2 (unknown date)When client eloped from her foster parent's home, she stole their vehicle and drove on the highways. She has a history of stealing cars and driving when she does not get her way." V 112 -Person Centered Plan dated 1-12-24 revealed no documentation of strategies or goals that addressed client #1's history of conduct disturbances (communicating threats, lying, engaging in risky behaviors, stealing, defiance, non-compliance and elopement)." Review on 3 -8-24 of the North Carolina Incident Response Improvement System (IRIS) revealed: -ROS report submitted on 2-6-24 documented the following: -Date of incident: 2-2-24. -"Consumer (client #1) was suspended from school on February 1st (2024) due to a physical altercation with another student. Consumer (client #1) and staf 2 (Dualified Professional/OP) facility a group with [client #1] about accepting responsibility and use appropriate communication of her feelings and concerns. Staff 1 was prepping meds (medications) and supporting [Client #1] as he prepared for hygiene routine. Staff 2 communicated with staff 1 regarting taking a break to go and get her meal from the store about three minutes away in driving distance. Both staff 4 chower and prepare going into the bathroom to shower and prepare for evening	IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
Display Summer Stretules of PERCENCIES p	REAMS	AND VISION, LLC DBC N	IFW VISIONS HOME				
Preferx TAG CEACH CORRECTIVE ACTIONS HE PRECEDED BY FULL PREFIX REGULTORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CEACH CORRECTIVE ACTION SHOLD BE CROSS-REFERENCED TO THE APPROPRIATE Continued CROSS-REFERENCED TO THE APPROPRIATE <thc< th=""><th>04015</th><th></th><th></th><th>,</th><th></th><th></th><th>()(5)</th></thc<>	04015			,			()(5)
 (unknown date). When client eloped from her foster parent's home, she stole their vehicle and drove on the highway. She has a history of stealing cars and driving when she does not get her way." -Person Centered Plan dated 1-12-24 revealed no documentation of strategies or goals that addressed client #1's history of conduct disturbances (communicating threats, lying, engaging in risky behaviors, stealing, deflance, non-compliance and elopement)." Review on 3 -8-24 of the North Carolina Incident Response Improvement System (IRIS) revealed: -IRIS report submitted on 2-6-24 documented the following: -Date of incident: 2-2-24. -Consumer (client #1) was suspended from school on February 1st (2024) due to a physical altercation with another student. Consumer (client #1) was given a 3 day room restriction and indicated that she wanted to leave our facility. Staff processed with her as she communicates not wanting to stay in her room. Staff 1 (Feam Lead/TL) and staff 2 (Qualified Professional/QP) facility a group with [client #1] about accepting responsibility and use appropriate communication of her feelings and concerns. Staff 1 regarding taking a break to go and get her meal from the store about three minutes away in driving distance. Both staff acknowledge the consumer going into the bathroom to shower and prepare for evening chores. Staff 2 left out the door. Five minutes later staff (QP)received a call from staff 1 	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE A CROSS-REFERENCED TO	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
foster parent's home, she stole their vehicle and drove on the highway. She has a history of stealing cars and driving when she does not get her way." -Person Centered Plan dated 1-12-24 revealed no documentation of strategies or goals that addressed client #1's history of conduct disturbances (communicating threats, lying, engaging in risky behaviors, stealing, defiance, non-compliance and elopement)." Review on 3 -8-24 of the North Carolina Incident Response Improvement System (IRIS) revealed: -IRIS report submitted on 2-6-24 documented the following: -Date of incident: 2-2-24. -"Consumer (client #1) was suspended from school on February 1st (2024) due to a physical altercation with another student. Consumer (client #1) was given a 3 day room restriction and indicated that she wanted to leave our facility. Staff processed with her as she communicates not wanting to stay in her room. Staff 1 (Team Lead/TL) and staff 2 (Qualified Professional/QP) facility a group with [client #1] about accepting responsibility and use appropriate communication of her feelings and concerns. Staff 1 was prepping meds (medications) and supporting [Client #1] as be repared for hygiene routine. Staff 2 communicated with staff 1 regarding taking a break to go and get her meal from the store about three minutes away in driving distance. Both staff acknowledge the consumer going into the bathroom to shower and prepare for evening chores. Staff 2 left out the door. Five minutes later staff (CP)received a call from staff 1	V 112	Continued From page	e 2	V 112			
going into the bathroom to shower and prepare for evening chores. Staff 2 left out the door. Five minutes later staff (QP)received a call from staff 1		foster parent's home, drove on the highway stealing cars and driv her way." -Person Centered Pla no documentation of addressed client #1's disturbances (commu- engaging in risky beh non-compliance and of Review on 3 -8-24 of Response Improveme -IRIS report submittee following: -Date of incident: 2-2- -"Consumer (client #1 school on February 1 altercation with anoth (client #1) was given indicated that she wa Staff processed with I not wanting to stay in Lead/TL) and staff 2 facility a group with [or responsibility and use of her feelings and co prepping meds (medi [Client #1] as she pre Staff 2 communicated taking a break to go a store about three min	she stole their vehicle and A. She has a history of ing when she does not get an dated 1-12-24 revealed strategies or goals that history of conduct unicating threats, lying, aviors, stealing, defiance, elopement)." the North Carolina Incident ent System (IRIS) revealed: d on 2-6-24 documented the -24. I) was suspended from st (2024) due to a physical er student. Consumer a 3 day room restriction and nted to leave our facility. her as she communicates her room. Staff 1 (Team (Qualified Professional/QP) client #1] about accepting e appropriate communication oncerns. Staff 1 was cations) and supporting upared for hygiene routine. d with staff 1 regarding and get her meal from the utes away in driving				
that [client #1] took her (TL) car. Staff 2 immediately left from the store and came back to		for evening chores. S minutes later staff (Q that [client #1] took he	taff 2 left out the door. Five P)received a call from staff 1 er (TL) car. Staff 2				

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If continuation sheet 3 of 12

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			SURVEY
			A. BUILDING:			
		MHL0601576	6 B. WING		04	C / 02/2024
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
REAMS	AND VISION, LLC DBC I	NEW VISIONS HOME	LECREST DRIVE DTTE, NC 28269			
(X4) ID	SUMMARY ST			PROVIDER'S PLAN	OF CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE	O THE APPROPRIATE	COMPLE
V 112	Continued From page	e 3	V 112			
	was in the shower an	nd she really had to use the				
	restroom and could r	not wait until staff 2 came				
		ne restroom and wasn't in				
		1 minutes. Staff 1 stated that				
		eys that was hidden in the				
	0	apped in a blanket. Staff 2				
	•	(QP) after she called 911.				
		d to the officer of what took e) provided staff 1 with a car				
		d a missing person's report.				
		support to law enforcement				
		its and possibly the direction				
		. On February 4th (2024)				
		I on the campus of [a local				
	university approxima	tely 90 miles away] and				
	detained by law enfo	rcement. [Client #1]				
	provided that she left	t staff 1 car at a location that				
		[Client #1] provided that she				
		as willing to take her to [City,				
	• • • • •	y 200 miles away) to be with				
	-	, [Client #1] took the person				
	-	her to [City] (approximately				
	• •	(client #1) indicated that the				
	•	t her and is the reason she phone. Staff 2 confiscated				
		ted the allegation to law				
		Child Protective Services.				
) refused to be seen by a				
	healthcare provider."	,				
	Interview on 3-8-24 v	vith Client #1 revealed:				
	-Did not want to discu	uss the 2-2-24 elopement. "I				
	don't want to talk abo					
		e second time (2-6-24) was				
		pt giving me side eye and				
	-	ks at me under her breath. I				
) about her car and she said				
		feel like if you say you forgive				
		ou shouldn't be saying little our breath where I can hear				
	sman inings linger vo					

	of Health Service Regu TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
						С
		MHL0601576	B. WING		04	/02/2024
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE		
DREAMS	AND VISION, LLC DBC N	NEW VISIONS HOME	LECREST DRIVE DTTE, NC 28269			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AU CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETE DATE
V 112	Continued From page	e 4	V 112			
	wasn't running away from her. I was comir -I went to the park (a	oproximately 3 to 4 blocks walked around. Not long, I				
	-I was not there for th	not working when that				
	client #1 when she he looked in her room ar window. -"She (Client #1) was incident (elopement) with her but she left. apartments down the friends live. One of h	ing in the hallway monitoring eard client #1's window and nd she was going out the on restriction from the first 2-2-24. Staff tried to process She went to some street where one of her her friends from school live mother called and told us				
V 296	Staffing	al Tx. Child/Adol - Min.	V 296			
	telephone or page. A able to reach the faci times. (b) The minimum nu required when childre present and awake is	ssional shall be available by A direct care staff shall be lity within 30 minutes at all mber of direct care staff en or adolescents are				

Division of Health Service Regulation STATE FORM

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TATEMEN	of Health Service Regu T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURV COMPLETE	
		MHL0601576	B. WING		C 04/02/2024	
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
REAMS	AND VISION, LLC DBC N	NEW VISIONS HOME	LECREST DRIVE DTTE, NC 28269			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIEN(TION SHOULD BE C	(X5) COMPLE ⁻ DATE
V 296	Continued From page	e 5	V 296			
sion of He	 (2) three direct for five, six, seven or adolescents; and (3) four direct of nine, ten, eleven or the adolescents. (c) The minimum number of the adolescents. (d) two direct of and both shall be away children or adolescents. (d) In addition to the care staff set forth in Rule, more direct care the facility based on the individual needs as signan. (e) Each facility shall supervision of children adolescents are away from the facility based on the facility shall supervision of children are away from the facility shall supervision of children are away from the facility shall supervision of children are away from the facility shall supervision of children are away from the facility shall supervision of children are away from the facility shall supervision of children are away from the facility shall supervision of children are away from the facility shall supervision of children are away from the facility shall supervision of children are away from the facility shall supervision of children are away from the facility shall supervision of children are away from the facility shall supervision of children are away from the facility shall supervision of children are away from the facility shall supervision are avay from the facility shall su	care staff shall be present for welve children or mber of direct care staff scent sleep hours is as are staff shall be present ake for one through four nts; are staff shall be present ake for five through eight nts; and care staff shall be present awake and the third may be eleven or twelve children or minimum number of direct Paragraphs (a)-(c) of this e staff shall be required in the child or adolescent's pecified in the treatment I be responsible for ensuring n or adolescents when they cility in accordance with the individual strengths and				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL0601576	B. WING		04	C 04/02/2024	
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE			
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REAMS	AND VISION, LLC DBC N	NEW VISIONS HOME	OTTE, NC 28269				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN (OF CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE	O THE APPROPRIATE	COMPLET DATE	
V 296	Continued From page	e 6	V 296				
	facility failed to ensur	as evidenced by: ews and interviews, the e the minimum staffing ratio our adolescents. The					
	-Date of admission: 1 -Age: 12. -Diagnoses: Post-Tra Oppositional Defiant Personal History of S Adjustment Disorder. -Initial Clinical Mental Treatment Plan dated following: "[Client #1] disturbances (commu- engaging in risky beh non-compliance and -Local provider reass documented the follor Facility Based Crisis to 10-31-23. "She (cl (department of social and ran away after as lotion on. [Client #1] v was placed in a respi (approximately 130 m she ran away from th (unknown date)Whe foster parent's home, drove on the highway	umatic Stress Disorder, Disorder, Gender Dysphoria, exual Abuse in Childhood, I Health Assessment and d 8-17-23 documented the] has a history of conduct unicating threats, lying, naviors, stealing, defiance, elopement)" essment dated 12-13-23 wing: Client #1 was at a Center (FBC) from 8-31-23 lient #1) returned to the DSS services) office on 10-31-23 sking to be excused to put was located on 11-7-23 and					
	record revealed: -Date of hire: 7-7-23.	f the Team Lead's (TL) ect Care staff signed and					

STATE FORM

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If continuation sheet 7 of 12 $\,$

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
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ME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
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		CHARLC	OTTE, NC 28269			
X4) ID REFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 296	Continued From page	e 7	V 296			
	dated 7-96-23.					
	(QP) record revealed -Date of hire: 6-29-23	s. gram Director/QP signed				
	Response Improveme -IRIS report submittee following: -Date of incident: 2-2 -"Consumer (client #' school on February 1 altercation with anoth (client #1) was given indicated that she was Staff processed with	the North Carolina Incident ent System (IRIS) revealed: d on 2-6-24 documented the -24. I) was suspended from st (2024) due to a physical er student. Consumer a 3 day room restriction and nted to leave our facility. her as she communicates her room. Staff 1 (TL) and				
	staff 2 (QP) facility a accepting responsibil communication of her Staff 1 was prepping supporting [Client #1] hygiene routine. Staff	group with [client #1] about ity and use appropriate feelings and concerns. meds (medications) and				
	from the store about a distance. Both staff a going into the bathroo for evening chores. S minutes later staff (Q 1 that [client #1] took	3 minutes away in driving acknowledge the consumer om to shower and prepare itaff 2 left out the door. Five P) received a call from staff her (Team Lead) car. Staff				
	to the facility. Staff 1 #1] was in the showe the restroom and cou back. Staff 1 used th	m the store and came back communicated that [client r and she really had to use Id not wait until staff 2 came e restroom and wasn't in minutes. Staff 1 stated that				

AND PLAN O	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		BENTH IOATION NOMBER.	A. BUILDING:			
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NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
	AND VISION, LLC DBC	NEW VISIONS HOME	LECREST DRIVE DTTE, NC 28269			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN	OF CORRECTION	(X5)
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V 296	Continued From pag	e 8	V 296			
	processed with staff communicated to the and they (police) pro- police report and a m 2 provided all suppor regarding whereabou [Client #1] was going [Client #1] was found university approximated detained by law enfor provided that she left was later picked up. met a person who was State] (approximately her family. However vehicle that brought 90 miles away). She person tried to moles took the vehicle and the phone and report enforcement and to 0 Consumer (client #1) healthcare provider." Interview on 3-8-24 w -'I don't want to talk a 2-2-24)." Interview on 3-12-24 revealed: - 2-2-24, "I had just of something to eat. I w street to [local fast for	t staff 1 car at a location that [Client #1] provided that she as willing to take her to [City, y 200 miles away) to be with r, [Client #1] took the person her to [City] (approximately e (client #1) indicated that the st her and is the reason she phone. Staff 2 confiscated ted the allegation to law Child Protective Services.) refused to be seen by a with client #1 revealed: about that (elopement on with the Team Lead				
		in the shower. [QP] told me ther food and she left. Five				

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If continuation sheet 9 of 12

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			С
		MHL0601576	B. WING		04	/02/2024
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
REAMS	AND VISION, LLC DBC I	NEW VISIONS HOME	LECREST DRIVE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
V 296	Continued From page	e 9	V 296			
	door open (bathroom in) and the water was said 'you don't have is have rights.' She (cli knocked on the door time and she was go still folded up on the then noticed the from outside and my car w then [QP]. I mean it (QP) barely made it of was only gone for jus going up the street." -"There is suppose to times. We are entitle going to say it was all food) but we are entit	a where client #1 had been s on. I went to the door and to leave the door open, you tent #1) didn't respond so I and opened it at the same ne. Her shower clothes was counter. I checked her room t door was open. I looked was gone. I called 911 and happened that quick. She but of the neighborhood. She st a few seconds, literally to be 2 staff present at all d to our breaks. I'm not llowed (staff to leave and get tled to get a break. I know it staff but she (QP) didn't				
	-"We normally have a sight at all times." -"The protocol is for t We (QP and TL) had nothing to eat. I just of than five minutes up policy, not really a pr facility to get food) ju occasionally. We we [sister facility]. She (day. She was not dy behaviors) in any wa something to eat and shower. I told [TL] I may not have been g the call from [TL]."	with the QP revealed: staff sitting in the hall, line of there to be two staff per shift. been here all day with ran right up the street, less the street. No, that's not otocol (staff leaving the st something we have done ere just coming back from client #1) had had a good vsregulated (having negative y. She and [TL] had gotten a she was preparing for her was going to grab my food. I gone two minutes when I got				
ion of the		Plan of Protection dated / the Executive Director				
E FORM	and Cornee Regulation		6899 IT	1011	1 6 - 1	uation sheet 10

	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
	ST CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL0601576	B. WING		04	C / 02/2024
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
		3430 DA	LECREST DRIVE			
JREAMS /	AND VISION, LLC DBC	NEW VISIONS HOME CHARLO	OTTE, NC 28269			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
V 296	Continued From pag	e 10	V 296			
	revealed:					
	"What immediate act	tion will the facility take to				
	ensure the safety of	the consumers in your care?				
	The Dreams and Vis	ions Management team				
	-	f all consumers by having				
		me in and support staff				
	•	and any time away from the				
		Visions hired additional staff				
		nd assist with community				
	÷	igns have been placed in				
	-	staff as reminders to ensure				
	-	e kept locked at all times.				
		t time, staff continuously				
		t for all consumers. Staff are				
	-	d complete safety checks				
	-	. All staff were provided with				
	-	training on how to process				
	additional support.	w dysregulation and needed				
		to make sure the above				
	happens.	to make sure the above				
		management implemented a				
		ff to ensure personal items,				
	· ·	in a lockbox housed in the				
		taff were also given the				
		rsonal items in their vehicle.				
		staff will complete weekly				
		Associate Professional) to				
		staff are keeping "line of				
		ers. During rest time, staff				
	keeps a sleep log ch	-				
	consumers are in the	eir rooms.				
		rovide ongoing coaching for				
		pport the consumers when				
		egulated and to deter				
	possible AWOL (Abs	-				
		ff on all shifts at any given				
		pported by additional staff				
	-	and time away from the				
	facility."					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			С
		MHL0601576	B. WING		04	4/02/2024
AME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
REAMS	AND VISION, LLC DBC I	NEW VISIONS HOME	LECREST DRIVE			
		CHARLO	OTTE, NC 28269			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
V 296	Continued From page	e 11	V 296			
	Post-Traumatic Stress Defiant Disorder, Gen History of Sexual Abu Adjustment Disorder. elopement and steali eloped from the facili member's car. One so bathroom and the sec facility to go up the so AWOL, client #1 met stole his car and cell	staff (TL) was in the cond staff (QP) had left the treet to pick up food. While an unidentified male and phone. Client #1 drove to a oximately 90 miles away y law enforcement.				