

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-992</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/03/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VIRINGIA'S GROUP HOME #2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3352 RED FOX ROAD SPRING LAKE, NC 28390</b>
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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 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

**RECEIVED**  
**APR 26 2024**  
**DHSR-MH Licensure Sect**

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*S. Veriore*      4/22/24

TITLE

(X6) DATE

## Appendix 1-B: Plan of Correction Form

### Plan of Correction

**Please complete all requested information and email completed Plan of Correction form to:**

Plans. Of. Correction@dhhs.nc.gov

<b>Provider Name:</b> VIRINGIA'S GROUP HOME #2		<b>Phone:</b> 910-986-0475	
<b>Provider Contact Person for follow-up:</b> Shemika Verbal		<b>Fax:</b>	
<b>Address:</b> 3352 RED FOX ROAD SPRING LAKE, NC 28390		<b>Email:</b> shemika@virinigiagrouphome.com	
<b>Provider # MHL 026-992</b>			
Finding	Corrective Action Steps	Responsible Party	Time Line
<p>V297-27G .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.</p>	<p>VIRINGIA'S GROUP HOME #2- will implement immediate scheduling adjustments to ensure that licensed professionals are available for face-to-face clinical consultation for a minimum of four hours per week in each facility.</p> <p>Communication will be sent to all staff members emphasizing the importance of compliance with this regulation and the necessity of prioritizing face-to-face clinical consultation hours.</p> <p>Documentation of face-to-face consultation hours will be maintained for each licensed professional, including dates, times, and duration of sessions.</p> <p>Any deviations from the required four hours per week will be documented, along with explanations and corrective actions taken to address the deficiency.</p>	<p>Licensed Professionals</p> <p>The Director will oversee ongoing monitoring of face-to-face consultation hours and ensure that compliance is maintained.</p> <p>Regular audits will be conducted to review documentation of face-to-face consultation sessions and verify compliance with regulatory requirements.</p>	<p>Implementation Date: 04/09/2024 - Immediate: Adjust scheduling to ensure a minimum of four hours of face-to-face clinical consultation per week in each facility.</p> <p>Projected Completion Date: 04/09/2024 and ongoing.</p>

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

Implementation Date:

Projected Completion Date:

Implementation Date:

Projected Completion Date:

Implementation Date:

Projected Completion Date:

## Appendix 1-B: Plan of Correction Form

### Plan of Correction

**Please complete all requested information and email completed Plan of Correction form to:**

Plans. Of. Correction@dhs.nc.gov

<b>Provider Name:</b> VIRINGIA'S GROUP HOME II		<b>Phone:</b> 910-986-0475	
<b>Provider Contact Person for follow-up:</b> Shemika Verbal		<b>Fax:</b>	
<b>Address:</b> 3352 RED FOX ROAD SPRING LAKE, NC 28390		<b>Email:</b> shemika@viringiagrouphome.com	
<b>Provider # MHL026-992</b>			
Finding	Corrective Action Steps	Responsible Party	Time Line
<p>V 300 27G .1708 Residential Tx. Child/Adol - Transfer or discharge 10A NCAC 27G .1708 TRANSFER OR DISCHARGE</p> <p>(a) The purpose of this Rule is to address the transfer or discharge of a child or adolescent from the facility.</p> <p>(b) A child or adolescent shall not be discharged or transferred from a facility, except in case of emergency, without the advance written notification of the treatment team, including the legally responsible person. For purposes of this Rule, treatment team means the same as the existing child and family team or other involved persons as set forth in Paragraph (c) of this Rule.</p>	<p>VIRINGIAS GROUP HOME- will implement an immediate policy that includes notifying the Local Education Agency (LEA) of an emergency transfer or discharge of a child or adolescent within five business days. The (LEA) will be included in a scheduled CFT meeting, withing five business days of the emergency, as part of the care coordination team to assist with making service planning decisions of transfer or discharge.</p> <p>All CFT members will be included in a telephone or email notification of the CFT meeting. The Local Education Agency (LEA) will be notified by telephone.</p> <p>Documentation of the CFT that includes notification date, date of meeting, and attendees will be maintained as part of the child or adolescent service record.</p>	<p>Associated Mental Health Professional, Qualified Mental Health Professional, and Director</p> <p>Director</p>	<p><b>Implementation Date:</b> 04/09/2024-</p> <p><b>Immediate:</b> In case of an emergency, notification may be by telephone. A service planning meeting as set forth in Paragraph (c) of this Rule shall be held within five business days of an emergency transfer or discharge.</p> <p><b>Projected Completion Date:</b> 04/09/2024 and ongoing.</p>
<p>Monthly audits will be conducted to review documentation of transfer/discharge CFT meetings</p>			

(c) The facility shall meet with existing child and family teams or other involved persons including the parent(s) or legal guardian, area authority or county program representative(s) and other representatives involved in the care and treatment of the child or adolescent, including local Department of Social Services, Local Education Agency and criminal justice agency, to make service planning decisions prior to the transfer or discharge of the child or adolescent from the facility.

(d) In case of an emergency, the facility shall notify the treatment team including the legally responsible person of the transfer or discharge of the child or adolescent as soon as the emergency situation is stabilized.

(e) In case of an emergency, notification may be by telephone. A service planning meeting as set forth in Paragraph (c) of this Rule shall be held within five business days of an emergency transfer or discharge. *(This Rule is not met as evidenced by: Based on record review and interview the facility failed to involve the local Education Agency (LEA) to make service planning decisions within five business days of discharge for two of two former clients (FC) (FC#5 and FC#)*

				Implementation Date:
				Projected Completion Date: