Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING MHL026-988 04/03/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7105 NC HWY 210 S **VIRINGIA'S GROUP HOME AUTRYVILLE, NC 28318** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and complaint survey was completed on April 3, 2024. One complaint was unsubstantiated and one complaint was substantiated (intake #NC00215049 and #NC00214932). Deficiencies were cited. This facility is licensed for the following service category/categories: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. The facility is licensed for 4 and currently has a census of 2. The survey sample consisted of audits of 2 current clients and 3 former clients. V 114 27G .0207 Emergency Plans and Supplies V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. RECEIVED (d) Each facility shall have basic first aid supplies accessible for use. APR 26 2024 **DHSR-MH Licensure Sect** This Rule is not met as evidenced by: Based on record review and interviews the facility Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE,

TITLE

(X6) DATE

STATE FORM

XR0J11

If continuation sheet 1 of 7

Appendix 1-B: Plan of Correction Form

Plan of Correction

Please complete <u>all</u> requested information and email completed Plan of Correction form to:

Plans.Of.Correction@dhhs.nc.gov

Provider Name:	VIRINGIA'S GROUP HOME	Phone:	910-986-0475
Provider Contact Person for follow-up:	Shemika Verbal	Fax:	
		Email:	shemika@viringiagrouphome.com
Address:	7105 NC HWY 210 S		
	AUTRYVILLE, NC 28318	Provid	Provider # MHL026-988
Finding	Corrective Action Steps	Responsible Party	
V 300 27G .1708 Residential Tx.	VIRINGIA'S GROUP HOME- will implement an immediate policy	Associated Mental Health	1
Child/Adol - Transfer or	that includes notifying the Local Education Agency (LEA) of an	Professional, Qualified	d 04/09/2024-
discharge	emergency transfer or discharge of a child or adolescent within five	Mental Health Professional,	
10A NCAC 27G .1708 TRANSFER OR	meeting, withing five business days of the emergency, as part of the	and Director	Immediate: In case of an
	care coordination team to assist with making service planning decisions of transfer or discharge		be by telephone. A service
(a) The purpose of this Rule is to address			in Paragraph (c) of this Pule
the	All CFT members will be included in a telephone or email	Director	shall be held within five
transfer or discharge of a child or	O. F.A.) will be notified by telephone		business days of an
adolescent from the facility.	Downstation of the property of		emergency transfer or discharge.
(b) A child or adolescent shall not be		conducted to review	1
discharged or transferred from a facility,		documentation of	Projected Completion Date:
except in case of emergency, without the		transfer/discharge CFT	04/09/2024 and ongoing.
advance written notification of the treatment team including the legality		meetings	
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			
i anagraph (c) of this Nuic.			

(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#)	(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.	(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.

Appendix 1-B: Plan of Correction Form

Please complete all requested information and email completed Plan of Correction form to: Plans.Of.Correction@dhhs.nc.gov Plan of Correction

Provider Name	VIDINICIA IS CIDOLIN HOME		
+	Shamilto Warhal	Phone:	910-986-0475
	2.1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	нах:	
		Email:	shemika@viringiagrouphome.com
Address:	7105 NC HWY 210 S		
	AUTRYVILLE, NC 28318	Provid	Provider # MHL026-988
Finding	Corrective Action Steps	Resnansible Party	
V297-27G .1705 Residential Tx.	VIRINGIA'S GROUP HOME- will implement immediate	Licensed Professionals	2
Child/Adol - Req. for L P 10A NCAC	scheduling adjustments to ensure that licensed professionals are		04/09/2024- Immediate:
27G .1705 REQUIREMENTS OF	available for face-to-face clinical consultation for a minimum of four		Adjust scheduling to ensure a
LICENSED PROFESSIONALS (a) Face	nours per week in each facility.		minimum of four hours of
to face clinical consultation shall be	Communication will be sent to all staff members and beginning	∄ 7. 	
provided in each facility at least four	importance of compliance with this regulation and the necessity of	ongoing monitoring of face-	see consultation per week in each
nours a week by a licensed professional.	prioritizing face-to-face clinical consultation hours.	to-face consultation hours	
For purposes of this Rule, licensed		and ensure that compliance is	- 1
professional means an individual who	for each licensed professional including dates times and direction	maintained.	
issued by the correspond needs	of sessions.	Regular audits will be	
issued by the governing board regulating		conducted to review	
a human service profession in the State of	Any deviations from the required four hours per week will be	documentation of face-to-	-to-
North Carolina. For substance-related	documented, along with explanations and corrective actions taken to	face consultation sessions	ons
disorders this shall include a licensed	address the deficiency.	and verify compliance with	with
Clinical Addiction Specialist or a certified		regulatory requirements.	ž.
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.			

Based on record reviews and interviews the Basility finded to entire fixe to the cell time of the committee to the cell time of the cell time			
by: evens the eventual socility at least footassional at (FC) #1's 24 Chood doad drevealed: 24 V.P. hours fred Trauma. 12 Phours Sive Sive Sive Sive Sive Sive Sive Sive Hyperactivity Phours Figer to face If thee facility de there for If face to face If the facility If t	Projected Completion Date:		
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by: views the views the volessional acility at least rofessional rofessional at (FC) #1's 24 // // // // // // // // // // // // //	Implementation Date:		
		ишу	at least four hours a week by a LP.
met as evidenced by: reviews and interviews the ensure face to face clinical sprovided in the facility at least k by a Licensed Professional gs are: 4 of Former Client (FC) #1's sale admitted 3/1/24 added Disruptive Mood sloorder, Oppositional Defant ton Defact Hyperactivity virula deamitted 3/1/24 4 of FC #2's record revealed: and eadmitted 3/1/24 uded Major Depressive 4-Of FC #2's record revealed: and eadmitted 3/1/24 uded Major Depressive r-Unspecified, Unspecified dise Control and Conduct Attention Defact Hyperactivity tion of 4 weekly LP hours 24 the LP stated: 24 the LP stated: virtual therapy sessions at the facility th where she would be there for //24 the Director stated:		face	- She understood the requirement of face to clinical consultation to be provided in the fa
met as evidenced by: reviews and interviews the provided in the facility at least kb, ya Licensed Professional gs are: 44 of Former Client (FC) #1's raile admitted 3/1/24 uded Discriptive Mood issorder, Oppositional Defiant ion Deficit Hyperactivity rorder and Unspecified Trauma. tion of four weekly LP hours 44 of FC #2's record revealed: anded Major Depressive 44 of FC #2's record and Conduct Attention Deficit Hyperactivity tion of 4 weekly LP hours 24 the LP stated: y virtual therapy sessions with therapy sessions at the facility th where she would be there for			Interview on 4/3//24 the Director stated:
		e for	- sne had onsite therapy sessions at the facilievery other month where she would be there
		. ARLA	the clients.
			Interview on 4/3/24 the LP stated: - She had weekly virtual therapy sessions was
			completed.
		AVIC	Disorder.
e is not met as widenced by: 1 record reviews and interviews the ailed to ensure face to face clinical tion was provided in the facility at least 1 rs a week by a Licensed Professional e findings are: 2 nd 4/3/24 of Former Client (FC) #1's 3 vealed: 3 old female admitted 3/1/24 3 ses included Disruptive Mood attion Disorder, Oppositional Defiant Attention Deficit Hyperactivity 3 ent Disorder and Unspecified Trauma tumentation of four weekly LP hours 3 d. 3 nd 4/3/24 of FC #2's record revealed: 3 old female admitted 3/1/24 3 ses included Major Depressive 5 Disorder-Unspecified, Unspecified 6 Unspecified, Unspecified 7 Unspecified, Unspecified 7 Unspecified, Unspecified 8 English Ses included Major Depressive 7 Disorder-Unspecified Touch and Conduct 8 English Ses included Major Depressive 8 Disorder-Unspecified, Unspecified 9 Unspecified Touch and Conduct		Application of the state of the	and Unspecified Attention Deficit Hyperson
leeast least s s			Disruptive, Impulse Control and Conduct
sthe ical y at least sional) #1's ty Crauma. hours caled:			Anxiety Disorder-Unspecified Unspecified
ast t			- Diagnoses included Major Depressive
ast 1		A	- 14 year old female admitted 3/1/24
ast 1			Review on 4/3/24 of FC #7's record revisals.
met as evidenced by: reviews and interviews the ensure face to face clinical sprovided in the facility at least k by a Licensed Professional gs are: 4 of Former Client (FC) #1's alle admitted 3/1/24 uded Disruptive Mood isorder, Oppositional Defiant ion Deficit Hyperactivity		ma.	Adjustment Disorder and Unspecified Trau - No documentation of four weekly LP hour
met as evidenced by: reviews and interviews the ensure face to face clinical s provided in the facility at least k by a Licensed Professional gs are: 4 of Former Client (FC) #1's nale admitted 3/1/24 uded Disruptive Mood isorder, Oppositional Defiant ion Deficit Hyperactivity			Disorder,
reviews and interviews the ensure face to face clinical provided in the facility at least k by a Licensed Professional gs are: 4 of Former Client (FC) #1's hale admitted 3/1/24 uded Disruptive Mood		unt	Disorder, Attention Deficit Hyperactivity
met as evidenced by: met as evidenced by: reviews and interviews the ensure face to face clinical sprovided in the facility at least k by a Licensed Professional gs are: 4 of Former Client (FC) #1's nale admitted 3/1/24			- Diagnoses included Disruptive Mood
reviews and interviews the ensure face to face clinical provided in the facility at least k by a Licensed Professional gs are: 4 of Former Client (FC) #1's			- 13 year old female admitted 3/1/24
sst			record revealed:
			Review on 4/3/24 of Former Client (EC) #1
		least lal	four hours a week by a Licensed Profession
	Projected Completion Date:		facility failed to ensure face to face clinical
			Based on record reviews and interviews the
	Implementation Date:		This Rule is not met as evidenced by:

Appendix 1-B: Plan of Correction Form

	1		
	Fax:	Shenira verda	Person for follow-up:
210-200-04/3	т попс.		Provider Contact
010 086 0.775	Phone:	Viringia's Group Home	Provider Name:
		Plans.Of.Correction@dhhs.nc.gov	
ction form to:	n of Correc	Please complete all requested information and email completed Plan of Correction form to:	Please
		Plan of Correction	

Email:

shemika@viringiagrouphome.com

Address:	7105 NC HWY 210 S	255	
	Autryville NC 28318	Provider # MHL-026-988	8
Finding	Corrective Action Steps	Responsible Party	Time Line
27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY	To Correct the Deficiency: VGH will ensure all fire and disaster drills are being done monthly and Quarterly per VGH policy. We provided training in fire and	Shemika Verbal Director	Implementation Date: Immediate
AND SUPPLIES (a) A written fire plan for each facility and	each staff understands that disaster and fire drills must be held Monthly with one fire drill on each shift in each quarter. House		Projected Completion Date: 5/1/2024
area-wide disaster plan shall be developed and	Manager will make sure that drills happen as directed from this		
shall be approved by the appropriate local	James Gong rothers		
(b) The plan shall be made available to all staff	To prevent the Deficiency from occurring again: Fire and disaster drill information will be submitted to director monthly.		
and evacuation procedures and routes shall be	Who will Monitor: House Manager are responsible for the fire and disaster drills at the correct times and frequency each month		
posted in the facility. (c) Fire and disaster drills in a 24-hour	The director will audit monthly to make sure they are occurring as required.		
facility shall be held at least quarterly and shall be	,		
repeated for each shift. Drills shall be conducted			
under conditions that simulate fire			
emergencies. (d) Each facility shall have basic first aid			
supplies accessible for use.			
This Rule is not met as evidenced by:			S
V 114			

								at least quarterly and repeated on each shift.	Based on record review and interviews the facility Continued From page 1 V 114 failed to ensure fire and disaster drills were held
Projected	Impleme	Projecte	Impleme	Projecte	Impleme	Projecte	Impleme		
Projected Completion Date:	Implementation Date:								