

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-988 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 04/03/2024 |
|--|---|---|---|

NAME OF PROVIDER OR SUPPLIER
VIRINGIA'S GROUP HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**7105 NC HWY 210 S
AUTRYVILLE, NC 28318**

| (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 |
|--------------------|--|---------------|---|--------------------|
| V 000 | <p>INITIAL COMMENTS</p> <p>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.</p> <p>This facility is licensed for the following service category/categories: 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 2. The survey sample consisted of audits of 2 current clients and 3 former clients.</p> | V 000 | | |
| V 114 | <p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility</p> | V 114 | | |

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

[Handwritten Signature]

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@dhs.nc.gov

| Provider Name: VIRINGIA'S GROUP HOME | | Phone: 910-986-0475 | |
|---|---|---|--|
| Provider Contact Person for follow-up: Shemika Verbal | | Fax: | |
| Address: 7105 NC HWY 210 S AUTRYVILLE, NC 28318 | | Email: shemika@viringiagrouphome.com | |
| Provider # MHL026-988 | | | |
| 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, within 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>Monthly audits will be conducted to review documentation of transfer/discharge CFT meetings</p> | <p>Implementation Date: 04/09/2024-</p> <p>Immediate: 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>Projected Completion Date: 04/09/2024 and ongoing.</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#)*

Appendix 1-B: Plan of Correction Form

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| Provider Contact Person for follow-up: | | Shemika Verbal | | Fax: | |
| Address: | | 7105 NC HWY 210 S AUTRYVILLE, NC 28318 | | Email: shemika@viringiagrouphome.com | |
| Provider # MHI.026-988 | | | | | |
| 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- 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:

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| | | | | Implementation Date: |
| | | | | Projected Completion Date: |

Appendix 1-B: Plan of Correction Form

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| Provider Contact Person for follow-up: | Shemika Verbal | | |
| Address: | 7105 NC HWY 210 S Aurville NC 28318 | | |
| Provider # MHL-026-988 | | | |
| Finding | Corrective Action Steps | Responsible Party | Time Line |
| <p>27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: V 114</p> | <p>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 disaster drills at our staff meeting on April 17, 2024. I assured that each staff understands that disaster and fire drills must be held Monthly, with one fire drill on each shift in each quarter. House Manager will make sure that drills happen as directed from this current quarter going forward.</p> <p>To prevent the Deficiency from occurring again: Fire and disaster drill information will be submitted to director monthly.</p> <p>Who will Monitor: House Manager are responsible for the fire and disaster drills at the correct times and frequency each month. The director will audit monthly to make sure they are occurring as required.</p> | <p>Shemika Verbal Director</p> | <p>Implementation Date: Immediate</p> <p>Projected Completion Date: 5/1/2024</p> |

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