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

Provider Name: BLUE SAPPHIRE HOUSE	Phone: 704-214-1174
Provider Contact Dr. Karen Williams	Fax:
Person for follow-up: Genita Douglas, QP	
	Email: aigroup14@yahoo.com
Address: 107 W. LOUISIANA AVE.	
BESSEMER CITY, NC 28016	Provider #MHL036-343

Finding	Corrective Action Steps	Responsible Party	Timeline
Rule Violation/Tag #/Citation Level:	MEASURES TO CORRECT: AIG will ensure to coordinate with	Clinical Director and	Implementation Date:
27G .1701 Residential Tx. Child/Adol - Scope	other individuals and agencies within the child or adolescent's system of care to prevent gaps in service. MEASURES TO PREVENT: AIG will ensure to coordinate care	Program Manager(s)	4-12-2024
(V293) – Standard Level Deficiency	with other individuals and agencies within the child or adolescent's system of care to prevent gaps in service. The Clinical director provided additional staff training on 4/12/2024 and updated intake paperwork to include additional community resources and providers. WHO WILL MONITOR: Clinical Director and Program		Projected Completion Date: 4-12-2024
Dula Vialatian/Tra-#/Citati	Manager(s) HOW OFTEN MONITORED: Quarterly and as needed		
Rule Violation/Tag #/Citation Level:	MEASURES TO CORRECT: AIG will ensure that the minimum	Clinical Director and	Implementation Date:
27G .1704 Residential Tx. Child/Adol - Min. Staffing	number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four	Program Manager(s)	4-12-2024
(V296) – Standard Level Deficiency	children or adolescents. MEASURES TO PREVENT: AIG will ensure the necessary staff ratio is always maintained. On 4/12/2024 the clinical director		Projected Completion Date: 4-12-2024
	provided additional staff training, and updated the on-call staff protocol that includes having Managers on standby and/or on rotation to provide coverage for unplanned and emergency staff		
	incidents. Manager(s) will continue random unannounced shift visits.		RECEIVED
	WHO WILL MONITOR: Clinical Director and Program Manager(s) HOW OFTEN MONITORED: Monthly and as needed		APR 2 5 2024

FORM APPROVED 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: R B. WING MHL036-343 04/10/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 107 WEST LOUISIANA AVENUE **BLUE SAPPHIRE HOUSE** BESSEMER CITY, NC 28016 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint and follow up survey was completed on 4-10-24. The complaint was substaniated (NC00212134). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure of Children or Adolescents. This facility is licensed for four and currently has a census of two. The survey sample consisted of audits of two current clients. V 293 27G .1701 Residential Tx. Child/Adol - Scope V 293 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall require the following: removal from home to a community-based residential setting in order to

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facilitate treatment; and

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

Division	of Health Service Regu	lation				
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL036-343	B. WING		1	R 10/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	FATE, ZIP CODE		
Western State	The state of the s		T LOUISIANA A			
BLUE SAI	PPHIRE HOUSE	BESSEM	ER CITY, NC 2	28016		
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V 293	Continued From page	e 1	V 293			
	(2) treatment in (e) Services shall be (1) include individual structure of daily living (2) minimize the related to functional d (3) ensure safe control behaviors inclumanagement with or v (4) assist the chacquisition of adaptive communication, socia (5) support the gaining the skills need intensive treatment see (f) The residential treashall coordinate with chagencies within the chof care. This Rule is not met a Based on interviews an facility failed to coordinand agencies within the	designed to: vidualized supervision and g; e occurrence of behaviors eficits; ty and deescalate out of uding frequent crisis without physical restraint; hild or adolescent in the efunctioning in self-control, I and recreational skills; and child or adolescent in led to step-down to a less string. atment staff secure facility other individuals and hild or adolescent's system as evidenced by: as evidenced by: and record reviews the mate with other individuals	V 293			
	Review on 3-11-24 of L Health Clinicans at Clie	_etter from the Mental				

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-"My role as a Mental Health Clinician at

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STATEMENT OF DEFICIENCIES (X1) P

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL036-343	B. WING			R	
					04/	10/2024	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, ST				
BLUE SAI	PPHIRE HOUSE		LOUISIANA A R CITY, NC 2				
/V4) ID	SLIMMARY STA	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION		0/5	
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V 293	Continued From page	2	V 293				
	[Client #1's School] is rather to provide check needed for additional skills, communication management skills an students in their welln—Listed multiple declinician had checked—Client #1 has been based therapy provide "However, in the past been various gaps in a not being able to fill the	not to provide therapy but ek-ins with students as support with learning coping skills, and conflict d overall supporting ess goals." ays that Mental Health in with Client #1. en signed up for school ed by a local agency, school year there have service due to the agency eir vacancy, such as briefly e school year in Augurs entire semester, from					
	revealed: -She gets therapy -She gets her the	rapy from school. th Clinician from the school					
		rrently at home because she from school for 10 days.					
	-Client #1 get ther	apy at school.					
	health Clinician revealed—Her role at the sc the students.—Client #1 was set school based therapy, since January 2024.	ed: hool is just to check in the up with a company for					

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST.	ATE, ZIP CODE		
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		BESSEMER	R CITY, NC 2	8016		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 293	Continued From page	3	V 293			
	therapist since Januar -She had informe issue. Interview on 3-21-24 therapy revealed: -They did not have and they had let the sethis. -They did have Inbridge the gap, and a -The facilty was sethis.	ry. d Client #1's facility of the				
V 296	based therapy. 27G .1704 Residentia Staffing	l Tx. Child/Adol - Min.	V 296			
	telephone or page. A able to reach the facilitimes. (b) The minimum num required when children present and awake is an end of the facilitimes. (1) two direct canner, two, three or four (2) three direct of for five, six, seven or endolescents; and (3) four direct canner, ten, eleven or two adolescents. (c) The minimum num during child or adolescents follows:	sional shall be available by direct care staff shall be ty within 30 minutes at all other of direct care staff or adolescents are as follows: In estaff shall be present for children or adolescents; care staff shall be present eight children or are staff shall be present for elve children or about the children or are staff shall be present for elve children or about the children or are staff shall be present for elve children or are staff shall be present for elve staff shall be present saff shall be present or as staff shall be present or as staff shall be present				

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FORM APPROVED 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 MHL036-343 04/10/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 107 WEST LOUISIANA AVENUE **BLUE SAPPHIRE HOUSE** BESSEMER CITY, NC 28016 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 296 Continued From page 4 V 296 children or adolescents; two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (3)three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents. (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan. (e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan. This Rule is not met as evidenced by: Based on observation, record reviews, and interviews, the facility failed to insure two direct care staff were present for one, two, three or four children or adolescents. The findings are: Observation on 3-7-24 at approximately 1:30pm revealed: -One staff and two clients (Client #1 and Client #2).

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Review on 3-11-24 of Client #1's record revealed:

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Interview on 3-7-24 with Client #1 revealed: -There are usually 2-3- staff at the facility.

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