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 MHL0601337 04/30/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8616 NATIONS FORD ROAD BONNIE'S HOME FOR YOUTH CHARLOTTE, NC 28217 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (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 An annual and follow up survey was completed A Caring Home hired a new on April 30, 2024. A deficiency was cited. QP with an effective hire This facility is licensed for the following service date of 5/1. The new QP category: 10A NCAC 27G .1700 Residential Staff meets the requirements set Secure for Children or Adolescents. forth in 10A NCAC 27G .1702. The facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients. The staff member previously serving as QP has been V 294 27G .1702 Residential Tx. Child/Adol -Reg. for Q V 294 transitioned into a different role within the company. 10A NCAC 27G .1702 REQUIREMENTS OF QUALIFIED PROFESSIONALS (a) Each facility shall utilize at least one direct care staff who meets the requirements of a qualified professional as set forth in 10A NCAC 27G .0104(18). In addition, this qualified professional shall have two years of direct client care experience. (b) For each facility of five or less beds: the qualified professional specified in Paragraph (a) of this Rule shall perform clinical RECEIVED and administrative responsibilities a minimum of 10 hours each week; and 70% of the time shall occur when children or adolescents are awake and present in DHSR-MH Licensure Sect the facility. (c) For each facility of six or more beds: (1) the qualified professional specified in Paragraph (a) of this Rule shall perform clinical and administrative responsibilities a minimum of 32 hours each week; and 70% of the time shall occur when (2)nsure Sect children or adolescents are awake and present in the facility. (d) The governing body responsible for each

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

TITLE

(X6) DATE

STATE FORM

(X6) DATE

(X6) DATE

(X6) DATE

PRINTED: 05/06/2024 **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: MHL0601337 B. WING 04/30/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8616 NATIONS FORD ROAD BONNIE'S HOME FOR YOUTH CHARLOTTE, NC 28217 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 294 Continued From page 1 V 294 facility shall develop and implement written policies that specify the clinical and administrative responsibilities of its qualified professional(s). At a minimum these policies shall include: supervision of its associate professional(s) as set forth in Rule .1703 of this Section; oversight of emergencies; (2)(3) provision of direct psychoeducational services to children or adolescents: (4)participation in treatment planning meetings; (5)coordination of each child or adolescent's treatment plan; and provision of basic case management functions. This Rule is not met as evidenced by: Based on interview and record review the facility failed to utilize one staff person who meets the requirements of a Qualified Professional (QP). The findings are: Review on 4/8/24 of QP's personnel record revealed: -Hire date 6/25/19.

Division of Health Service Regulation

-Job description of a QP signed and dated 6/25/19: a graduate of a college or university with a baccalaureate degree in a not related human service field and has four years of full-time post-

baccalaureate accumulated MH/DD/SAS experience with the population served: -One year prior full time work experience in

Mental Health/Developmental

PRINTED: 05/06/2024

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: __ COMPLETED MHL0601337 B. WING 04/30/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BONNIE'S HOME FOR YOUTH 8616 NATIONS FORD ROAD CHARLOTTE, NC 28217 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 294 Continued From page 2 V 294 Disability/Substance Abuse Services (MH/DD/SAS). -Bachelor's Degree in history. Interview on 4/12/24 with the QP revealed: -employed at the facility from 2008-2009. -Graduated college in 2018 with a Bachelor's Degree in history. -One year full- time pre- baccalaureate MH/DD/SAS experience. -No full- time post baccalaureate MH/DD/SAS experience prior to hire. -Received training from the QP at a sister facility. Interview on 4/16/24 with the Executive Director revealed: -Was not aware the QP needed four years of post- baccalaureate experience since the QP's degree was in non human service field. -"I thought her (QP) pre baccalaureate experience counted, she has helped me for years." -Would move the QP to another position and hire a full time QP.

Division of Health Service Regulation