

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl092-576	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/06/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT WILLOW SPRIN	STREET ADDRESS, CITY, STATE, ZIP CODE 9609 KENNEBEC ROAD WILLOW SPRINGS, NC 27592
--	---

(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>A complaint and follow up survey was completed on June 6, 2024. The complaint (intake #NC00217433) was substantiated. The complaints (intake #NC00216871), (intake #NC00216694) & (intake #NC00216991) were unsubstantiated. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 503	<p>27D .0103 Client Rights - Search And Seizure Policy</p> <p>10A NCAC 27D .0103 SEARCH AND SEIZURE POLICY</p> <p>(a) Each client shall be free from unwarranted invasion of privacy.</p> <p>(b) The governing body shall develop and implement policy that specifies the conditions under which searches of the client or his living area may occur, and if permitted, the procedures for seizure of the client's belongings, or property in the possession of the client.</p> <p>(c) Every search or seizure shall be documented. Documentation shall include:</p> <ol style="list-style-type: none"> (1) scope of search; (2) reason for search; (3) procedures followed in the search; (4) a description of any property seized; <p>and</p> <ol style="list-style-type: none"> (5) an account of the disposition of seized property. 	V 503		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl092-576	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/06/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT WILLOW SPRIN	STREET ADDRESS, CITY, STATE, ZIP CODE 9609 KENNEBEC ROAD WILLOW SPRINGS, NC 27592
--	---

(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 503	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to specify conditions under which searches of the clients may occur for 2 of 3 audited clients (#3 & #4). The findings are:</p> <p>Review on 6/5/24 of client #3's record revealed:</p> <ul style="list-style-type: none"> - admitted 9/7/21 - diagnoses: Adjustment Disorder, Oppositional Defiant Disorder & ADHD <p>During interview on 6/5/24 client #3 reported:</p> <ul style="list-style-type: none"> - staff searched him daily after school - have not found anything on him or the other clients "in awhile" <p>During interview on 6/5/24 client #4 reported:</p> <ul style="list-style-type: none"> - been at the facility a month - he was searched daily - staff had not found anything on him - was not sure if staff found anything on the other clients <p>During interview on 6/6/24 the Licensee reported:</p> <ul style="list-style-type: none"> - staff were not supposed to to search the clients without his (Licensee) permission - client #4 informed him today (6/6/24) staff had searched him twice since admitted to the facility - was not aware clients were searched - staff had not completed a search and seizure form <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 503		
V 513	27E .0101 Client Rights - Least Restrictive Alternative	V 513		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl092-576	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/06/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT WILLOW SPRIN	STREET ADDRESS, CITY, STATE, ZIP CODE 9609 KENNEBEC ROAD WILLOW SPRINGS, NC 27592
--	---

(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 513	<p>Continued From page 2</p> <p>10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE</p> <p>(a) Each facility shall provide services/supports that promote a safe and respectful environment. These include:</p> <p>(1) using the least restrictive and most appropriate settings and methods;</p> <p>(2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others;</p> <p>(3) providing choices of activities meaningful to the clients served/supported; and</p> <p>(4) sharing of control over decisions with the client/legally responsible person and staff.</p> <p>(b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include:</p> <p>(1) using the intervention as a last resort; and</p> <p>(2) employing the intervention by people trained in its use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to use the least restrictive and most appropriate settings and methods for 3 of 4 audited clients (#1, #2 & #3). The findings are:</p> <p>Review on 6/5/24 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted 4/16/24 - Attention Deficit Hyperactivity Disorder (ADHD) & Major Depressive Disorder 	V 513		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl092-576	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/06/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT WILLOW SPRIN	STREET ADDRESS, CITY, STATE, ZIP CODE 9609 KENNEBEC ROAD WILLOW SPRINGS, NC 27592
--	---

(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 513	<p>Continued From page 3</p> <p>Review on 6/5/24 of client #2's record revealed:</p> <ul style="list-style-type: none"> - admitted 5/13/20 - ADHD, Disruptive Mood Dysregulation & Trichotillomania <p>Review on 6/5/24 of client #3's record revealed:</p> <ul style="list-style-type: none"> - admitted 9/7/21 - diagnoses: Adjustment Disorder, Oppositional Defiant Disorder & ADHD <p>During interview on 6/5/24 client #1 reported:</p> <ul style="list-style-type: none"> - came to the facility the end of April 2024 - had behaviors on and off since admitted to the facility - would get off freeze and have another behavior and placed back on freeze - been off and on freeze for last 3 weeks - his freeze would continue to get extended - freeze was when "you" could not have fun - had to sit in the kitchen or bedroom away from other clients <p>During interview on 6/5/24 client #2 reported:</p> <ul style="list-style-type: none"> - as he entered the interview "I'm off freeze" - "seemed like it was a year" - could not watch television, play games - had quiet time in the bedroom - received freeze because "I was acting up" <p>During interview on 6/5/24 client #3 reported:</p> <ul style="list-style-type: none"> - freeze was "annoying" - "you sit in the kitchen in a hard chair, with no television & stare at the microwave & refrigerator" - had been on freeze 1 time this year for 3 consecutive days <p>During interview on 6/5/24 client #4 reported:</p> <ul style="list-style-type: none"> - been at the facility for a month - had not been on freeze - heard client #2 was on freeze for "awhile" but 	V 513		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl092-576	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/06/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT WILLOW SPRIN	STREET ADDRESS, CITY, STATE, ZIP CODE 9609 KENNEBEC ROAD WILLOW SPRINGS, NC 27592
--	---

(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 513	<p>Continued From page 4</p> <p>he came off freeze today</p> <ul style="list-style-type: none"> - heard freeze was no television or outings - freeze depended on the clients' behaviors - they had a form the teacher had to fill out daily regarding their behaviors - if the form was not turned in to the facility's staff, the client would get freeze - freeze could last from a day to a week <p>During interview on 6/6/24 the Licensee reported:</p> <ul style="list-style-type: none"> - there were different levels of freeze depending on the clients' behaviors - freeze consisted of no television or outings - client #1 had been off and on freeze due to his behaviors - client #2 was not on freeze for a year - the clients could be put on freeze for a day but had a behavior & another day would be added - freeze could last between 3 - 5 days - the client on freeze would sat in the kitchen while staff cooked - staff may sat in the kitchen and play games with the client on freeze - even when clients were on freeze, at times were still allowed to watch television 	V 513		