

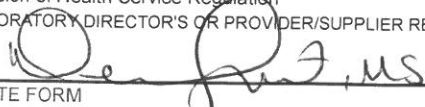
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-851	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/15/2024
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NAME OF PROVIDER OR SUPPLIER BELLWICK PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1701 BELLWICK DRIVE GREENSBORO, NC 27406
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 5/15/24. The complaint was unsubstantiated (intake #NC00216571). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment 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 4 current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. 	V 112	<p><i>Plan has been written and implemented and filed by psychologist. Goals added and discussed.</i></p> <p><i>- The Assistant Director has noted and has put in place that all clients shall have a PCP requirement of payment.</i></p> <p><i>- Assistant Director has changed policy.</i></p> <p style="text-align: center;">RECEIVED JUN 21 2024 DHSR-MH Licensure Sect</p>	5/21/24

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Assistant Director	(X6) DATE 5/29/24
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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement a treatment plan for 1 of 4 clients (Client #4). The findings are: Reviews on 5/6/24 and 5/9/24 of Client #4's record revealed: -Admitted to the facility on 8/14/23. -Diagnoses of Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder, Intellectual Developmental Disability, Type 1 Diabetes. -Date of Birth 5/7/2009 -No treatment plan. Interview on 5/9/24 with Client #4 revealed: -His goal was "to go home"; he was unaware of any other goals he was working on. Interview on 5/13/24 with Staff #2 revealed: -"We (the facility staff) make sure his (Client #4) diabetes is ok." -"[Client #4] works on the same goals as everyone in the house (facility)," unable to specify the current goals. -The staff review the clients' treatment plans when they first are admitted to the facility, he did not review a treatment plan for Client #4, because one has never been presented for review. Interviews on 5/3/24, 5/6/24 and 5/8/24 with the Director/Qualified Professional revealed:	V 112		

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V 112	Continued From page 2 - "He (Client #4) was an emergency placement, local Department of Social Services is paying out of pocket." - Client #4 did not have a treatment plan because "we (the facility) did not go through the LME (Local Management Entity/Managed Care Organizations) to get authorization for services." - He was responsible for keeping the treatment plans current for all clients. - He confirmed the facility failed to develop a treatment plan for Client #4.	V 112		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.	V 120	Lock (Double) Box was purchased and medication secured. - Steps will be trained on any new client with the need of a different type of medication. The adm. office will note the needs needed for client. - The facility ^{has} will purchased several lock boxes to assure we have them in place.	5/11/24

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V 120	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to store medications in a secure manner affecting 1 of 4 clients (Client #4). The findings are:</p> <p>Reviews on 5/6/24 and 5/9/24 of Client #4's record revealed: -Admitted to the facility on 8/14/23. - Diagnoses of Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder, Intellectual Developmental Disability, Type 1 Diabetes. -Date of Birth 5/7/2009 -Physician order dated 3/28/24 for Novolog Flexpen 100u/ML (milliliter), Inject per sliding scale as directed to 100 units daily (diabetes). -Physician order dated 3/28/24 for Insulin Glargine 100u/ML, inject at bedtime (diabetes).</p> <p>Observation on 5/10/254 at 12:20pm of the facility's unlocked kitchen refrigerator revealed: -Client #4's Novolog Flexpen 100u/ML (9 boxes in a clear plastic gallon freezer bag, and 2 boxes on the top shelf) in the back of refrigerator against the wall. -Client #4's Insulin Glargine 100/ML (4 boxes inside the side of the refrigerator door in the butter compartment).</p> <p>Interview on 5/13/24 with Staff #2 revealed: -Did not know medication (insulin) should have been stored in a locked container stored in the refrigerator.</p> <p>Interview on 5/3/24 with the Director/Qualified Professional revealed: -The medication had been stored in the kitchen refrigerator since the client was admitted to the facility.</p>	V 120		

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V 120	<p>Continued From page 4</p> <ul style="list-style-type: none"> -No incidents had resulted in the facility with the medication being unsecured in the kitchen refrigerator. -Acknowledged that the facility failed to store Client #4s insulin in a secure manner in the refrigerator. -"I can make that (secured storage for Client #4's medication) happen." -Would purchase two lock boxes for Client #4's insulin storage. 	V 120		
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