Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C MHL0601576 B. WING 05/21/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3430 DALECREST DRIVE DREAMS AND VISION, LLC DBC NEW VISIONS CHARLOTTE, NC 28269 DHSR-MH Licensure Sect SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS Dreams and Visions V 000 administrative staff A complaint survey was completed on 5-21-24. completed an internal Two complaints were substaniated (intake #NC00216609 and #NC00216611) and two Investigation involving complaints were unsubstantiated (intake the staff and consumer. #NC00216973 and #NC00215963). Deficiencies were cited. After carefully reviewing This facility is licensed for the following service all Statements For both category: 10A NCAC 27G .1700 Residential involved and witnesses, Treatment Staff Secure For Children Or Adolescents. It was determined that This facility is licensed for 3 and has a current the Staff enember was census of 3. The survey sample consisted of the aggressin. The staff audits of 2 current clients. member was terminated V 512 27D .0304 Client Rights - Harm, Abuse, Neglect immediately. V 512 10A NCAC 27D .0304 The program and Executive PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION director held an house (a) Employees shall protect clients from harm. meeting to discuss the incident abuse, neglect and exploitation in accordance and reinforcement of our policies with G.S. 122C-66. (b) Employees shall not subject a client to any and procedures. sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. The program director held a training (c) Goods or services shall not be sold to or on may 22 2014 to review skills purchased from a client except through established governing body policy. regarding effective communication, (d) Employees shall use only that degree of force de-escalation, and the importance necessary to repel or secure a violent and of harm, abuse, neglect, and exploitation of Children. aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual The program director will ensure characteristics of the client (such as age, size safety of all consumers by providing ongoing support and containing to start. and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.

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

Robin Robers TITLE Excenting Death

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 05/21/2024 B. WING MHL0601576 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3430 DALECREST DRIVE DREAMS AND VISION, LLC DBC NEW VISIONS CHARLOTTE, NC 28269 (X5) COMPLETE DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 512 The executive and program V 512 Continued From page 1 director will meet weekly (e) Any violation by an employee of Paragraphs over the next 30-60 days. (a) through (d) of this Rule shall be grounds for dismissal of the employee. During weekly groups, the QP will continue to provide opportunities for This Rule is not met as evidenced by: "all consumers to discuss Based on record reviews, interviews and observations, 1 of 1 audited staff (staff #1) their concerns or any issues abused 1 of 2 audited clients(client #3). The they have regarding staff, findings are: peers and for Freatment. Review on 4-19-24 of client #3's record revealed: The program and executive -Date of admission: 3-14-24. -Age: 17. director reintroduced to -Diagnoses: Schizophrenia Unspecified, Unspecified Anxiety Disorder, Post Traumatic Dreams and Visions stack as Stress Disorder, Gender Dysphoria, Attention well the consumers of Deficit Hyperactivity Disorder, Circadian Rhythm Client rights and our Consumer Sleep Disorder. advocacy propreum. Review on 4-29-24 of staff #1's record revealed: -Date of hire: 1-16-24. Both the staff and consumers -A signed job description for Direct Care Staff, have support from our consumer advocate. Consumes dated 1-16-24. -Certificates for the following training: National Crisis Intervention Plus (NCI+ Restrictive) have the right to file a (1-16-24), Client Rights (January 2024), and grievance when they feel their De-escalation training (January 2024). Rights have been vidated. Interview on 4-29-24 with client #2 revealed: Dreums and visions administrator -"He (client #3) was being disrespectful to staff (cursing at staff and not listening to what staff have posted both the contact was telling him to do)." name and number on the -Did not witness staff #1 put her hands on client consumer to access if needed. #3. Interview and observation on 4-26-24 at approximately 3:45 pm with client #3 revealed:

PRINTED: 06/12/2024 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: A. BUILDING: COMPLETED C MHL0601576 B. WING 05/21/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3430 DALECREST DRIVE DREAMS AND VISION, LLC DBC NEW VISIONS CHARLOTTE, NC 28269 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 512 | Continued From page 2 V 512 -"I've been here (facility) 2 maybe 3 weeks. It's not going good. There is a lot of harassment. constant bullying from both clients and staff." -"I got into a fight yesterday (4-25-24) with a staff (staff #1) and another client (client #2)." -Client #3 had went to the bathroom at approximately 6 am on the morning of 4-25-24. -"I walked back in my room (bedroom) after I went to use the bathroom. I had on those shoes." -Pointed to a white pair of hard plastic slide-in type shoes on the floor in his bedroom. -"Instead of taking my shoes off, I kicked them off my feet and they hit the dresser and made a loud thump. [Staff #1] was in the front of the house (facility) in the kitchen. She yelled across the house, 'You're gonna wake everyone up, clean your room." -"I yelled back (at staff #1). I admit it was in my smart mouth way. 'If anybody is going to wake everybody up it will be you with your yelling." -"Then she (staff #1) came and stood in my doorway, and she was just looking at me. I asked her, 'why are you just standing there looking at me?' And she said 'I'm just doing my job."' -"She (staff #1) walked back down the hall and brought one of the chairs from the kitchen and she aggressively slides it down the hall. Then she sits there and just watches me." -"I was putting my music on (putting on her headphones for her electronic music device), she (staff #1) looks at me and she said 'why aren't you cleaning your room like I told you?' I said. because I'm putting on my music. I started cleaning my dresser. She's looking at me while I'm cleaning. I'm standing in front of my dresser

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just moving things around (on the dresser). It may not look like I'm doing anything but I'm taking

-"She (staff #1) is still looking at me and I turn around and look at her looking at me and I said,

my time rearranging my dresser."

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: _ 05/21/2024 B. WING MHL0601576 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3430 DALECREST DRIVE DREAMS AND VISION, LLC DBC NEW VISIONS CHARLOTTE, NC 28269 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 512 V 512 Continued From page 3 'WHAT?' She (staff #1) said, 'I'm trying to figure out why you are not cleaning your room." -"I don't like to be stared at, it makes me nervous. It (being stared at) makes my anxiety come out. So I go to shut my door (bedroom door) and she jumps up and shoves her leg in the door to keep me from shutting the door and she said, 'you messed with the wrong one today." -"I'm telling her, 'please leave me alone, just leave (from bedroom). I don't want to hurt you." -"We start pushing on the door back and forth. She (staff #1) said, 'I will take the door off the hinges if I need to." -"We are still struggling with the door, pushing it back and forth. At that point we were both pushing it at the same time and the door broke. It broke inward (door splintered in towards client #3) and my fingers got caught (in the broken door). She (staff #1) pushes the door off the hinges and the door falls to the floor so I picked up the door and brought it to the middle of the room (bedroom) and dropped it on the floor." -Staff #2 entered the bedroom to intervene in the altercation. -"[Staff #2] got in between me and [Staff #1]. I told her (staff #2) to move, she said, 'No I'm not moving.' [Staff #1] and me were yelling at each other. I called her (staff #1) 'a old hag,' she said 'your grandmama is an old hag." -"I called her a 'b***h,' she called me a 'b***h.' I said, 'you old b**h, you are annoying, no one likes you.' She said 'you're (client #3) the b***h."' -"I called her 'an old hag' again and she (staff #1) said, 'why don't you run (hit) to your old hag (repeated this twice).' I asked her, 'are you talking about my grandma?" -"I started crying. [Staff #2] had moved to the left side of her (staff #1). I started yelling at [staff #1], 'you do not know who you are messing with.' She (staff #1) pulled at her pants, like she was

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AND PLAN OF CORRECTION			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601576		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED C 05/21/2024					
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Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ 05/21/2024 B. WING MHL0601576 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3430 DALECREST DRIVE DREAMS AND VISION, LLC DBC NEW VISIONS CHARLOTTE, NC 28269 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 512 Continued From page 5 V 512 to talk to those other boys at your school that I work with, they are real boys and you just a wanna be.' I didn't say anything else to her (staff #1). I went back to my room and got ready to go to school." Interview on 5-8-24 with Staff #1 revealed: -Has worked at the facility since the facility opened in January 2024. -"[Client #3] woke up around 5:45 am-6 am (4-25-24). She used the bathroom and went back to her room. She was dysregulated (in a bad mood) from the night before." -"Since it was about time to get up anyway I asked her to go ahead and clean up her room and get ready to go to school." -"I was checking on her, looking in on her (in her room) to see if she was cleaning her room. Around 6:15 am/6:30 am, I came down the hall to check on her again and she (client #3) still had not done nothing. She was still in the same place she was the last time I checked on her." -"I never screamed at her or yelled at her. I just asked her why she wasn't cleaning her room. She started yelling, 'why you keep coming to my door, why you standing in my door?" -"I never raised my voice. I was trying to process with her and get her to calm down. I said, 'I'm only doing my job.' -"She (client #3) walks to the door, grabs it and pulled it off the hinges, like she was the Incredible Hulk and slung it to the floor." -"I stepped into her room, but not all the way in the room just inside the door a little bit. She (client #3) was cursing me out, calling me all kinds of 'b****s' and, I don't know what else, yelling and screaming (at staff #1)." -"I don't cuss at the kids (clients). I never touched her, never restrained her. I just processed with her."

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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: C MHL0601576 B. WING 05/21/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3430 DALECREST DRIVE DREAMS AND VISION, LLC DBC NEW VISIONS CHARLOTTE, NC 28269 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 512 Continued From page 6 V 512 -"I let her cuss and scream and yell and all I said was, 'still, I need you to do what I asked (clean her room)."" -"She (client #3) walked up on me an swung at me. She hit me on the cheek." -"She (client #3) started apologizing, 'I'm sorry [staff #1], I'm sorry,' but then she would go right back to cussing and yelling." -Denied saying 'oh no, you got the right one.' "No ma'am, I just tried to process with her, I kept telling her, 'baby, it's ok. You are going to be ok." -Denied calling client #3 a 'b***h.' "She called me a 'b***h,' several times,but no ma'am I never called her a b***h." -Denied calling client #3's grandmother an old hag. "No ma'am."

her (client #3), 'ok [Client #3] I'm gonna need you Division of Health Service Regulation

(4-25-24)."

-Denied threatening client #3 by stating you better ask those boys you go to school with about me. -"A few days before this happened, she (client #3) and I were talking. There was nothing going on. we were having a good day. She was telling me about a kid she went to school with and I told her I worked on my other job (at another facility) with that kid. That conversation had nothing to do with what was going on that morning (4-25-24) that conversation happened days before that incident

Interview and observation on 4-29-24 at approximately 12:45 pm with staff #2 revealed: -"[Client #3] woke up approximately 5:45 am (4-25-24). Me and [staff #1] were working." -"[Client #3] is aware of the facility rules (clients must ask to enter and exit each room). [Client #3] walked out of the bathroom without asking (if she could come out of the bathroom). [Staff #1] said 'hey [Client #3], did you forget something? [Client #3] replied with something smart (can't remember what was said). [Staff #1] interrupted

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 05/21/2024 B. WING MHL0601576 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3430 DALECREST DRIVE DREAMS AND VISION, LLC DBC NEW VISIONS CHARLOTTE, NC 28269 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 512 V 512 Continued From page 7 to go to your room and start cleaning it up, make up your bed, get your floor clean and make sure your dressers are clean.' -"She (client #3) basically said no she wasn't doing it. [Staff #1] got off the couch went to the desk and pulled the desk chair down the hall in front of [client #3's] room to sit in front of [client #3's] door." -"There was a conversation (between staff #1 and client #3), I didn't hear all of the conversation. [Client #3] said, 'why are you sitting there (in her doorway), you don't have to sit there." -Client #3 "told [Staff #1] to get away from her door." -"[Staff #1] said, 'No I'm doing my job. I'm making sure you are doing what you are suppose to do.' -"[Staff #1] was sitting in the door, not in the room, in the hallway just in front of [client #3's] room. She (staff #1) had her foot propped on the door frame." -Staff #2 demonstrated staff #1's foot resting on the inside of the bottom of the door frame of client #3's bedroom door. -"[Client #3] did not appear to be doing anything (was not cleaning her room). She (client #3) came over to the door and attempted to close the door with [staff #1's] foot in the door. I'm not sure if her (staff #1's) foot was caught in the door, I don't think it was." -"[Staff #1] jumped up and put her hands on the door to keep [client #3] from closing the door. [Client #3] jerked the door off the frame and threw it on the floor." -"I ran down the hall when I saw and heard what was going on. By the time I got to the room [staff #1 and client #3] were in in the middle of the room. I did not see anything physical." -"I did not see [staff #1] hit [client #3] or put her hands on her in anyway." -"[Staff #1] was saying [staff #2] 'I didn't hit her, I

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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: C B. WING MHL0601576 05/21/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3430 DALECREST DRIVE DREAMS AND VISION, LLC DBC NEW VISIONS CHARLOTTE, NC 28269 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 512 | Continued From page 8 V 512 didn't hit her." -"Like I said I didn't see anything physical going on. By the time I got to the room they (client #3 and staff #1) were going at it (verbally arguing). [Staff #1] was saying 'OK you got the right one. you got the right one.' That's when it starts to go left (things get out of control)." -"They are arguing and cussing each other out. [Client #3] is calling [staff #1] a 'b***h,' [staff #1] calls her (client #3) one (a b***h) back -"I'm like, (thinking to myself), come on now, you (staff #1) are the adult here. I tell [client #3] I need you to go sit down, she (client #3) is still calling people (staff) 'b*****s.' [Client #3] told [Staff #1] she would beat her a**, she would break her bones. She (client #3) called her (staff #1) an old hag, [staff #1] said 'no your grandma is a old hag." -"I was finally able to get [staff #1] out of the room and down the hallway." -"[Client #3 and Staff #1] were still back and forth. -"I called [Qualified Professional/QP] got her on the phone to let her know what was going on." -Did not notice client #3's face being scratched..." -"It was so much happening at the same time...I didn't notice her face (client #3) until everything had sort of calmed down..." -"[Staff #1] was in the house she was still upset, [client #3] came back in the house, I heard [staff #1] tell her to get out of her face.' She (staff #1) told her 'you better ask them other boys (client's at another facility staff #1 worked with) who I'

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am."

QP revealed:

Interview on 4-25-24, 4-29-24, 4-30-24 with the

-"At first, [Client #3] refused to talk about it (altercation). Later (4-27-24), [Client #3] told me that [Staff #1] had hit her. She said she hit [Staff

#1] first and [Staff #1] hit her back."

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 05/21/2024 B WING MHL0601576 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3430 DALECREST DRIVE DREAMS AND VISION, LLC DBC NEW VISIONS CHARLOTTE, NC 28269 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 512 V 512 Continued From page 9 -"[Staff #2], did say that there was some inappropriate language, [Staff #1] did use inappropriate language towards [Client #3]." -"I interviewed the other clients, well [client #2], [client #1] refused to be interviewed. I interviewed staff #2, nobody saw anything physical. Nobody actually saw [Staff #1] hit [Client #3]." -Completed the facility's internal investigation and unsubstantiated the allegation due to lack of evidence. "No one witnessed any physical contact with [staff #1 and client #3]. So I didn't have any thing I felt I could substantiate. [Staff #21 did say that [staff #1] used some inappropriate language with [client #3]. We gave her a coaching note for that (inappropriate language.) And I'm going to be working with her over the next few weeks, doing some retraining on appropriate client interaction." -Interview on 5-17-24 with the Executive Director (ED) revealed: -Was not aware that another staff (staff #2) witnessed and verified inappropriate interaction between staff #1 and client #3. -"I don't tolerate that, (abuse/neglect) in my homes (facilities). '[QP] we need for her (staff #1) to be gone she can't work here after that (being inappropriate with client #3)." Review on 5-17-24 of the facility's first plan of protection signed and dated on 5-17-24 by the OP revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? To ensure the safety of all consumers, the administrative staff decided to terminate [Staff #1] immediately. The program and executive director will hold a staff meeting followed by a training of appropriate staff to consumer communication,

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AND PLAN	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	(X5) COMPLETE DATE		
V 512	Continued From page	ge 10	V 512				
	effective de-escalatin harm, abuse, neglective deright ongoing weekly superstaff weekly over the groups, the qualified provide opportunities their concerns or any staff and other consumers. The executive and provide opportunities their concerns or any staff and other consumers. Review on 5-21-24 opportunities their concerns or any staff and other consumers. The executive and provide opportunities their concerns or any staff and other consumers. Review on 5-21-24 opportunities their concerns or any staff and other consumers. To ensure the safety administrative staff dimmediately. The provide offective de-escalation harm, abuse, neglect on Wednesday May 2 will focus on the rami expectations of keeping facility. The administrative staff to concern the administrative staff on the administrative staff or st	ion, and the importance of ct, and exploitation of children. or will focus on the upholding the expectations of the within the facility. The will continue to provide ervision to all staff. It to make sure the above rogram director will meet with enext 30 days. During weekly professional will continue to staff all consumers to discuss y issues they have regarding umers." If the amended plan of did dated on 5-17-24 by the ecided to terminate [Staff #1] or onsumer communication, on, and the importance of the exploitation of children 22nd. The program director fications of not upholding the ing children safe within the eation staff will continue to kly supervision to all staff. aff terminated [Staff #1] on finding after a thorough	V 512				
	Dysphoria, Attention [Deficit Hyperactivity an Rhythm Sleep Disorder.					

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Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: __ 05/21/2024 B. WING_ MHL0601576 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3430 DALECREST DRIVE DREAMS AND VISION, LLC DBC NEW VISIONS CHARLOTTE, NC 28269 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) V 512 V 512 Continued From page 11 On the morning of 4-25-24 staff #1 directed client #3 to clean her room before going to school. Staff #1 dragged a chair down the hallway and placed it in front of client #3's bedroom door and proceeded to watch the client as she was cleaning in her room. When a physical struggle between client #3 and staff #1 resulted in the bedroom door being torn from its hinges and ending up in the floor. Staff #1 entered client #3's bedroom and a verbal altercation involving name calling and cursing took place until Staff # 2 intervened and removed Staff #1 from the bedroom. During the incident Client #1 reported hitting Staff #1 on her cheek. Client #3 had a red scratch approximately 1 1/2 inches long and a small 1/2 scratch on her cheek. This deficiency constitutes a Type A1 rule violation for serious abuse and must be corrected within 23 days.



ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA CERTIFIED MAIL

June 12, 2024

Robin Roberson, Executive Director Dreams and Vision, LLC 1914 JN Pease Place, Suite 154 Charlotte, North Carolina 28262

Re: Type A1 Administrative Penalty

Dreams and Vision, LLC DBC New Visions Home II, 3430 Dalecrest Drive,

Charlotte NC, 28269 MHL # 060-1576

E-mail Address: dreamsandvisions2011@yahoo.com

Dear Ms. Roberson:

Based on the findings of this agency from a survey completed on 5/21/24, we find that Dreams and Vision, LLC has operated Dreams and Vision, LLC DBC New Visions Home II in violation of North Carolina General Statute (N.C.G.S.) § 122C, Article 3, Clients' Rights for individuals with mental illness, developmental disabilities, or substance abuse issues. After a review of the findings, this agency is taking the following action:

Administrative Penalty – Pursuant to N.C.G.S. § 122C-24.1, the Division of Health Service Regulation, Department of Health and Human Services (DHHS), is hereby assessing a Type A1 administrative penalty of \$2,000.00 against Dreams and Vision, LLC for violation of 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512). Payment of the penalty is to be made to the Division of Health Service Regulation and mailed to the Mental Health Licensure and Certification Section, 2718 Mail Service Center, Raleigh, North Carolina 27699-2718. If the penalty is not paid within sixty (60) days of this notification, a 10% penalty plus accrued interest will be added to the initial penalty amount as per N.C.G.S. § 147-86.23. In addition, the Department has the right to initiate judicial actions to recover the amount of the administrative penalty. The facts upon which the administrative penalty is based and the statutes and rules which were violated are set out in the attached Statement of Deficiencies which are incorporated by reference as though fully set out herein.

<u>Appeal Notice</u> – You have the right to contest the above action by filing a petition for a contested case hearing with the Office of Administrative Hearings within thirty (30) days of mailing of this letter. *Please write the facility's Mental Health License (MHL) number at the top of your petition.* For complete instructions on the filing of petitions, please contact the Office of Administrative Hearings at (919) 431-3000. The mailing address for the Office of Administrative Hearings is as follows:

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603 MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718 www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

June 12, 2024
Dreams and Vision, LLC DBC New Visions Home II
Dreams and Vision, LLC

Office of Administrative Hearings 6714 Mail Service Center Raleigh, NC 27699-6714

North Carolina General Statute § 150B-23 provides that you must also serve a copy of the petition on all other parties, which includes the Department of Health and Human Services. The Department's representative for such actions is Ms. Julie Cronin, General Counsel. This person may receive service of process by mail at the following address:

Ms. Julie Cronin, General Counsel
Department of Health and Human Services
Office of Legal Affairs
Adams Building
2001 Mail Service Center
Raleigh, NC 27699-2001

If you do not file a petition within the thirty (30) day period, you lose your right to appeal and the action explained in this letter will become effective as described above. *Please note that each appealable action has a separate, distinct appeal process and the proper procedures must be completed for each appealable action.*

In addition to your right to file a petition for a contested case hearing, N.C.G.S. § 150B-22 encourages the settlement of disputes through informal procedures. The Division of Health Service Regulation is available at the provider's request for discussion or consultation that might resolve this matter. To arrange for an informal meeting, you must contact DHSR at 336-247-5469 within thirty (30) days from the date of this letter. Please note that the use of informal procedures does not extend the 30 days allowed to file for a contested case hearing as explained above.

Should you have any questions regarding any aspect of this letter, please do not hesitate to contact us at the Department of Health and Human Services, Division of Health Service Regulation, Mental Health Licensure and Certification Section, 2718 Mail Service Center, Raleigh, NC 27699-2718 or call Clarice Rising, Western Branch Manager at 336-247-5469.

Sincerely,

Alsmy

Robin Sulfridge, Chief

Mental Health Licensure & Certification Section

Cc: dhsrreports@dhhs.nc.gov, DMH/DD/SAS

Medicaid.dhsr.notice@dhhs.nc.gov, NC Medicaid

accreditationNotifications@nctracks.com, NC Medicaid Fiscal Agent

QM@partnersbhm.org

networkEngagement@trillium.nc.org,

Fonda Gonzales, Director of Quality Management, Trillium Health Resources LME/MCO

Yulonda Griffin, Director Mecklenburg County DSS

Pam Pridgen, Administrative Supervisor



ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

June 12, 2024

Robin Roberson, Executive Director Dreams and Vision, LLC 1914 JN Pease Place, Suite 154 Charlotte NC, 28262

Re: Complaint Survey completed May 21, 2024.

Dreams and Vision, LLC DBC New Visions Home II, 3430 Dalecrest Drive,

Charlotte NC, 28269 MHL # 060-1576

E-mail Address: dreamsandvisions2011@yahoo.com

Intake #'s NC00216973, NC00216609, NC00215963 and NC216611

Dear Ms. Roberson:

Thank you for the cooperation and courtesy extended during the complaint survey completed May 21, 2024. Two complaints were substantiated. Two complaints were unsubstantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

 Type A1 rule violation is cited for 10A NCAC 27D .0304 Harm, Abuse, Neglect, Tag (V512).

Time Frames for Compliance

• Type A1 violations must be corrected within 23 days from the exit date of the survey, which is June 13, 2024. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed Type A1 violation(s) by the 23rd day from the date of the survey may result in the assessment of an administrative penalty of \$500.00 (Five Hundred) against Dreams and Vision, LLC for each day the deficiency remains out of compliance.

What to include in the Plan of Correction

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

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MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

Drams and Vision, LLC

- Indicate what measures will be put in place to correct the deficient area of practice (i.e., changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to prevent the problem from occurring again.
- Indicate who will monitor the situation to ensure it will not occur again.
- Indicate how often the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

Send the <u>original</u> completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Lynn Grier at 336-247-1723.

Sincerely,

Bobbie Gilliam

Bobbie Gilliam

Facility Compliance Consultant I

Mental Health Licensure & Certification Section

Cc: QM@partnersbhm.org

networkEngagement@trillium.nc.org, CEO, Trillium Health Resources LME/MCO Fonda Gonzales, Director of Quality Management, Trillium Health Resources LME/MCO Yulonda Griffin Director, Mecklenburg County DSS Pam Pridgen, Administrative Supervisor