Division of Health Service Regulation

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		MHL063-100	B. WING		C 07/02/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE	
		778 HOF	FMAN ROAD		
JACKSON	I SPRINGS TREATMENT	CENTER WEST EN	ND, NC 27376		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(- /
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	
V 000	INITIAL COMMENTS		V 000		
	on July 2, 2024. The	w up survey was completed complaint was substantiated 2). A deficiency was cited.			
	_	d for the following service 27G .1900 Psychiatric t for Children and			
		d for 12 and has a current rey sample consisted of ents, 1 former client.			
V 110	27G .0204 Training/S Paraprofessionals	upervision	V 110		
	SUPERVISION OF PA (a) There shall be no paraprofessionals. (b) Paraprofessionals associate professional professional as specif Subchapter. (c) Paraprofessionals knowledge, skills and population served. (d) At such time as a employment system is then qualified profess	fied in Rule .0104 of this s shall demonstrate abilities required by the competency-based s established by rulemaking, ionals and associate emonstrate competence. Il be demonstrated by including: dge; ss;			

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

(X6) DATE TITLE

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL063-100	B. WING		C 07/02/2024
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	ITE, ZIP CODE	0770272024
JACKSON	I SPRINGS TREATMENT	CENTER	MAN ROAD D, NC 27376		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
V 110	(7) clinical skills. (f) The governing bodevelop and impleme for the initiation of the plan upon hiring each	dy for each facility shall nt policies and procedures individualized supervision paraprofessional.	V 110		
	three audited staff (# knowledge, skills, and population served. The Review on 6/25/24 of	ews and interviews one of I) failed to demonstrate the I abilities required for the			
	-Admission date of 2/ -Diagnoses of Condu Hyperactivity Disorder Disorder -Supervision docume "[Executive Director] issues as it relates to with a client. [Executi [Staff #1] talking about Director] made [Staff	al Mentor client #1's record revealed: 2/24 ct Disorder, Attention Deficit r, and Posttraumatic Stress			
	Interview on 6/26/24 v	with client #1 revealed:			

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING: _			
		MHL063-100	B. WING		07	C 7/02/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	ODRESS, CITY, STAT	TE, ZIP CODE		
JACKSON	I SPRINGS TREATMENT	CENTER	FMAN ROAD			
			ND, NC 27376			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 110	Continued From page	e 2	V 110			
	to be played with." -"Its not horseplay justing a curse word a little." -"[Staff #1] was not b -"I missed joking with thing." Interview on 7/1/24 w -"[Staff #1] has did so clients." -"[Staff #1] will put the seconds." -"I heard of [staff #1] work in front of the clients."	ome horseplay with the em in a bear hug for a few slipping and saying a curse ients." happened maybe twice in				
	(RN) revealed: -"I heard [staff #1] cu not toward them." -"This happens very i -"[Staff #1] has been kids." -"[Staff #1] would put playful manner not in Interview on 6/27/24 -"I was not going bac talking about each ot -"I did not curse nor of front of the [client #1] Interview on 6/25/24 revealed:	his arms around them in a a harmful way." with staff #1 revealed: k and forth with [client #1] her's mother." did i hear any staff curse in ." with the Executive Director occasion [staff #1] joking				

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 778 HOFFMAN ROAD WEST END, NC 27376 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	COMPLETED	E CONSTRUCTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	T OF DEFICIENCIES OF CORRECTION	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 778 HOFFMAN ROAD WEST END, NC 27376 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) B. WING 778 HOFFMAN ROAD WEST END, NC 27376 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE) COMPLETE 178 HOFFMAN ROAD WEST END, NC 27376		<u> </u>	A. BUILDING: _			
JACKSON SPRINGS TREATMENT CENTER 778 HOFFMAN ROAD WEST END, NC 27376 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) 778 HOFFMAN ROAD WEST END, NC 27376 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE			B. WING	MHL063-100		
JACKSON SPRINGS TREATMENT CENTER WEST END, NC 27376 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) WEST END, NC 27376 ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	DE	TATE, ZIP CODE	RESS, CITY, STA	STREET ADD	ROVIDER OR SUPPLIER	NAME OF P
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE				CENTER	SPRINGS TREATMENT	JACKSON
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE), NC 2/3/6			
	(EACH CORRECTIVE ACTION SHOULD BE COMPLETE ROSS-REFERENCED TO THE APPROPRIATE DATE	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	PREFIX	Y MUST BE PRECEDED BY FULL	(EACH DEFICIENC)	PREFIX
V 110 Continued From page 3 V 110			V 110	e 3	Continued From page	V 110
viii Continued From page 3 mothers." -"Client #1] would ask [staff #1] to joke with [client #1] every morning about each other's mother." -"I met with [staff #1] and told [staff #1] to stop joking with [client #1] and had no other issues with them joking." -"I gave [staff #1] a verbal warning for inappropriate conversation with [client #1]."			V 110	k [staff #1] to joke with ning about each other's and told [staff #1] to stop and had no other issues erbal warning for	mothers." -"[Client #1] would as [client #1] every morn mother." -"I met with [staff #1] i joking with [client #1] with them joking." -"I gave [staff #1] a ve	V 110

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