

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL078-170</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/12/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CHAPARRAL YOUTH SERVICES, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5973 MCLEOD DRIVE MAXTON, NC 28364</b>
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(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
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V 000	INITIAL COMMENTS  An annual, complaint and follow up survey was completed on July 12, 2024. The complaint was substantiated (intake #NC00217776). Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.  This facility is licensed for 4 and currently has a census of 4. The survey sample consisted for audits of 3 current clients.	V 000		
V 298	27G .1706 Residential Tx. Child/Adol - Operations  10A NCAC 27G .1706 OPERATIONS (a) Each facility shall serve no more than a total of 12 children and adolescents. (b) Family members or other legally responsible persons shall be involved in development of plans in order to assure a smooth transition to a less restrictive setting. (c) The residential treatment staff secure facility shall coordinate with the local education agency to ensure that the child's educational needs are met as identified in the child's education plan and the treatment plan. Most of the children will be able to attend school; for others, the facility will coordinate services across settings such as alternative learning programs, day treatment, or a job placement. (d) Psychiatric consultation shall be available as needed for each child or adolescent. (e) If an adolescent has his 18th birthday while receiving treatment in the facility, he may remain for six months or until the end of the state fiscal year, whichever is longer.	V 298		

**RECEIVED**  
**AUG 02 2024**  
DHSR-MH Licensure Sect

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

*Sheree Samyia LCMHC LEAS-a/AP*

TITLE

(X6) DATE

Division of Health Service Regulation

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V 298	<p>Continued From page 1</p> <p>(f) Each child or adolescent shall be entitled to age-appropriate personal belongings unless such entitlement is counter-indicated in the treatment plan.</p> <p>(g) Each facility shall operate 24 hours per day, seven days per week, and each day of the year.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to coordinate with the local education agency to ensure the clients' educational needs were met affecting 3 of 3 audited current clients (#1, #2, #3). The findings are:</p> <p>Review on 7/11/24 of client #1's record revealed: -13 year old male. -Admitted on 4/8/24. -Diagnoses of Attention Deficient Hyperactivity Disorder (ADHD) combined type, Conduct Disorder and Exhibitionism. -No documentation of coordination with the local education agency (LEA).</p> <p>Interview on 7/11/24 client #1 stated: -He wanted to attend "regular school." -They were on summer break. -He worked with the Licensee/Associate Professional (L/AP) to do school work.</p> <p>Review on 7/11/24 of client #2's record revealed: -17 year old male. -Admitted on 5/17/24. -Diagnoses of ADHD and Disruptive Mood Dysregulation Disorder.</p>	V 298		
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## Plan of Correction: Chaparral Youth Services LLC

### Plan of Correction

**Please complete all requested information and mail completed Plan of Correction form to:**

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

**In lieu of mailing the form, you may e-mail the completed electronic form to:**

<b>Provider Name:</b>	Chaparral Youth Services, LLC	<b>Phone:</b>	910-827-1169
<b>Provider Contact Person for follow-up:</b>	[REDACTED]	<b>Fax:</b>	910-593-3577
		<b>Email:</b>	sheree1157@gmail.com
<b>Address:</b>	5973 McLeod Dr., Maxton NC 28364		<b>Provider #</b> 6603911

Finding	Corrective Action Steps	Responsible Party	Time Line
The residential treatment staff secure facility shall coordinate with the local education agency to ensure that the child's educational needs are met as identified in the child's education plan and the treatment plan. Most of the children will be able to attend school; for others, the facility will coordinate services across settings such as alternative learning programs, day treatment, or a job placement.	Upon admission to the facility the AP will coordinate with public schools to exchange information related to IEP/transcript as necessary. Concerning those clients already admitted, AP will coordinate with public school when the school year begins again and school personnel are available for exchange of educational information.	[REDACTED] LCMHC LCAS-A/AP	Implementation Date: 8/30/2024  Projected Completion Date: Ongoing
G.S. 122C- 62 Additional Rights in 24 Hour Facilities	All staff are informed of the complaint and of the need to observe additional rights of the residents. This subject was covered in supervision/special meeting for debriefing of the Formal Survey. Each staff is to acknowledge clients' choice to be in common areas without restriction from mingling with each other. However, if such rights need to be restricted, as determined by Tx team, it will be documented in the PCP and staffed with Client Rights Committee.	[REDACTED] QP [REDACTED] LCMHC, LCAS-A [REDACTED] PP [REDACTED] PP [REDACTED] PP [REDACTED] PP [REDACTED] PP	Implementation Date: 7/12/2024  Projected Completion Date: 7/30/2024 & Ongoing   Projected Completion Date: 6/30/2023

*Sheree Sampson LCMHC LCAS-A/AP*

**Division of Health Service Regulation  
Mental Health Licensure and Certification Section  
Rule Violation and Client/Staff Identifier List**

Facility Name: Chaparral Youth Services, LLC \_\_\_\_\_ MHI Number: 078-170 \_\_\_\_\_  
Exit Date: 7/12/24 \_\_\_\_\_ Surveyor(s): \_\_\_\_\_

**EXIT PARTICIPANTS:** \_\_\_\_\_ – Licensee/AP/LP and \_\_\_\_\_  
**Surveyor**

**COVID NOTIFICATION:** In the event a COVID positive case is identified within 48 hours of a DHSR survey – the provider or DHSR should notify the other entity to prevent possible continued exposures.

Rule Violation/Tag #/Citation Level: 10A NCAC 27G .1706 Operations / V298 / Standard

Rule Violation/Tag #/Citation Level: G.S. 122C-62. Additional Rights in 24 hours Facility/ V364 / Standard

**Client & Staff Identifier List  
(Indicate staff title or number beside each name)**

Client #1 \_\_\_\_\_  
Client #2 \_\_\_\_\_  
Client #3 \_\_\_\_\_  
Client #4 \_\_\_\_\_

Staff #1 \_\_\_\_\_  
Staff #2 \_\_\_\_\_  
Staff #3 \_\_\_\_\_  
Staff #4 \_\_\_\_\_  
Staff #5 \_\_\_\_\_

Qualified Professional, \_\_\_\_\_  
Licensed Professional (LP), \_\_\_\_\_  
Licensee/Associate Professional/LP, \_\_\_\_\_

**CITATION LEVEL:** Number of days from survey exit for citation correction  
Standard = 60 days    Recite – standard = 30 days    Type A = 23 days    Type B = 45 days  
Uncorrected Type A or Type B Imposed = provider should provide written notification of intended correction date