

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-371</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/07/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AUBREY'S SAFE HAVEN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>837 LYNHAVEN DRIVE</b> <b>GASTONIA, NC 28052</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
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on 8-7-24. The complaints were unsubstantiated ( #NC00220007, #NC00219751). 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 currently has a census of 3. The survey sample consisted of audits of 3 current clients and 1 former client.</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> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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</p>	V 112		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 112	<p>Continued From page 1</p> <p>obtained.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide treatment strategies based on the assessment effecting one of three clients (Client #1). The findings are:</p> <p>Review on 7-30-24 of Client #1's record revealed: -Admitted 2-2-24. -17 years old. -Diagnoses include: Post Traumatic Stress Disorder, Major Depressive Disorder, single episode. -Assessment dated 12-13-23 revealed: recommend a sex therapist to address past trauma and current sexual behaviors in all settings...sex is very important and her partner made her feel loved...very low self esteem. -Assessment dated 1-9-24 revealed: Struggles with appropriate interactions ...enjoys talking about sex with peers. -Review on 7-30-24 of Client #1's Person Centered Plan revealed: No goals or strategies to address sexualized behaviors.</p> <p>Interview on 8-7-24 with the Director revealed: -Client #1 had not displayed any sexualized behavior in a while. -Client #1 would now pretend to pass out, or have chest pains for attention.</p>	V 112		

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V 112	Continued From page 2  -In the future they would make sure the goals addressed behaviors in the assessments.	V 112		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews the facility, the facility failed to be maintained in a clean, safe, organized manner. The findings are:</p> <p>Observation on 8-7-24 at approximately 12:00pm revealed: -Kitchen: dark smears on the wall behind the trash can, dark smears on the front of the sink cupboard, dark smears on the front of the toaster oven, dark substance had built up under the stovetop burner. -Hall bathroom: toilet was loose and rocked on it's base, missing part of the "popcorn" on the ceiling over the tub, Shower handle broken and not fastened to the base, corners had dark build up, door was broken on the bottom, with strips of wood coming off. -Hallway: one strip of paint missing approximately 6 inches by 2 inches. -Double bedroom: Dark stain approximately 6 inches by 6 inches on the ceiling. -Bedroom #2 had no blinds covering the windows, instead, towels were tacked up.</p> <p>Interview on 7-29-24 with Client #3 revealed:</p>	V 736		

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V 736	<p>Continued From page 3</p> <p>-If the house needed repairs, it was done in a timely manner.</p> <p>Interview on 7-29-24 with Client #2 revealed: -The house was "OK" and everything worked.</p> <p>Interview on 8-7-24 with the Director revealed: -The clients had staff do a lot of cleaning at the facility. -She would make sure more attention was paid to details.</p>	V 736		