

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

Facility Name: Residential Adolescent Community Services, LLC MHL Number: 060-1488
Exit Date: 9-20-24 Surveyor(s): [REDACTED]

EXIT PARTICIPANTS: [REDACTED] Executive Director/OP, Autumn Dyson-AP

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 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation- Tag (V512) cited as a Type A1 Violation with a 23-day plan of correction.

Rule Violation/Tag #/Citation Level: 10A NCAC 27 0203 Competencies of Qualified Professionals and Associate Professionals (V109) cited as a standard level deficiency with a 60-day plan of correction.

Rule Violation/Tag #/Citation Level: 131E-256 Health Care Personnel Registry Tag V 132 crossed into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) cited as a standard level deficiency with a 60-day plan of correction.

Rule Violation/Tag #/Citation Level: 10A NCAC 27G .1704 Minimum Staffing Requirements-Tag (V296) crossed into 10A NCAC 27G .0203 Competencies of Qualified Professional and Associate Professionals (V109) cited as a standard level deficiency with a 60-day plan of correction.

Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0603 Incident Response Requirements for Category A and B providers (V366) crossed into 10A NCAC 27G .0203 Competencies of Qualified Professional and Associate Professional (V109) re-cited as a standard level deficiency with a 30-day plan of correction.

Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B providers (V367) crossed into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) re-cited as a standard level deficiency with a 30-day plan of correction.

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

Rule Violation/Tag #/Citation Level: 10A NCAC 27D .0101 Policy on Rights Restriction and Interventions Tag (V500) crossed into 10A NCAC 27 0203 Competencies of Qualified Professionals and Associate Professionals (V109) cited as a standard level deficiency with a 60-day plan of correction.

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

Client # 1) [REDACTED]
Client # 2) [REDACTED]
Client # 3) [REDACTED]

Staff # [REDACTED]
Staff # [REDACTED]
Staff # 1) [REDACTED]
Staff # 2) [REDACTED]
Staff # 3) [REDACTED]
Staff # 4) [REDACTED]

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Division of Health Service Regulation
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Facility Name: Residential Adolescent Community Services, INC

MHL Number: 060-1488

Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0203 Competencies of Qualified Professional and Associate Professionals (V109) cited as a standard level deficiency with a 60-day plan of correction.

Plan of Correction – Completed by Facility Staff

(Attach additional pages if needed)

- 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. – On October 1, 2024, the Qualified Professional and Associate Professionals reviewed the 10A NCAC 27G .0203. in the Mental health licensure rule book, the Clinical coverage policy and the agencies policy and procedure manuals to get a refresher of the competencies expected for the (QP) and the (AP) as well as reviewed the G.S. 131E-256 (G) Health Care Personnel Registry-Notification, Allegation and Protections (Tag V132), 10A NCAC 27G .1704 Minimum Staffing Requirements (Tag 296), 10A NCAC 27G .0603 Incident Response Requirements For Category A And B Providers (Tag 366), 10A NCAC 27G .0604 Incident Reporting Requirements For Category A And B Providers (Tag 367), 10A NCAC 27D .0101 Policy On Rights Restrictions And Interventions (Tag 500), 10A NCAC 27D .0304 Protection From Harm, Abuse, Neglect Or Exploitation.
- Indicate what measures will be put in place to prevent the problem from occurring again – The Quality Assurance, Quality Improvement (QA/QI) and the Clinical Director will conduct monthly reviews with the (QP) and the (AP) to gage the competency of the rules and regulations required for their positions.
- Indicate who will monitor the situation to ensure it will not occur again – The Quality Assurance, Quality Improvement (QA/QI) and the Clinical Director will support the agency to monitor all findings within the agency and ensure the QP, AP, and staff understand their roles, and regularly evaluate staff performance through assessments and observations.
- Indicate how often the monitoring will take place – Quarterly

Facility Staff completing this form:  CEO

Name/Title Justin Hutto,

Date 10/18/2024

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Plan of Correction – Completed by Facility Staff

(Attach additional pages if needed)

- 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. – The Qualified Professionals (QP) and Associate Professionals (AP) reviewed the specifics of G.S. 131E-256 (G) on October 10, 2024, and evaluated our existing policy and procedures related to personnel registry notifications to identify any gaps or non-compliance areas.
- Indicate what measures will be put in place to prevent the problem from occurring again – The Qualified Professionals (QP) and Associate Professionals (AP) will ensure all actions related to notifications, incident reports, and allegations are thoroughly documented. This includes any communications with the Health Care Personnel Registry.
- Indicate who will monitor the situation to ensure it will not occur again – The Qualified Professionals (QP) and Associate Professionals (AP)
- Indicate how often the monitoring will take place – Once a month the facility Director or Qualified Professionals (QP) will review and sign off on the incident reporting binder to ensure compliance is maintained and refine our policies and practices based on new information, feedback, and any changes in the law.

Facility Staff completing this form: 

Name/Title

Gustavina Hobbs

Date

10/18/2024

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Rule Violation/Tag #/Citation Level: 10A NCAC 27G .1704 Minimum Staffing Requirements-Tag (V296) crossed into 10A NCAC 27G .0203 Competencies of Qualified Professional and Associate Professionals (V109) cited as a standard level deficiency with a 60-day plan of correction.

Plan of Correction – Completed by Facility Staff

(Attach additional pages if needed)

- 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. – The Qualified Professionals (QP), Associate Professionals (AP), and all staff members reviewed the specific requirements outlined in 10A NCAC 27G .1704 on October 15, 2024, to ensure clarity on the minimum staffing ratios, the importance of maintaining the required staffing ratios and their roles in ensuring the safety and well-being of the adolescents as it pertains to shift coverage. The agency has posted the position openings on Indeed to obtain more staff and the Qualified Professionals (QP) and Associate Professionals (AP) will work the schedule if there are any gaps.
- Indicate what measures will be put in place to prevent the problem from occurring again – The Qualified Professionals (QP) and Associate Professionals (AP) will work the schedule if there are any gaps.
- Indicate who will monitor the situation to ensure it will not occur again – The Qualified Professionals (QP) and Associate Professionals (AP) will conduct regular reviews of staffing levels and ratios to ensure ongoing compliance. Make adjustments as needed based on feedback and any changes in facility needs.
- Indicate how often the monitoring will take place – Monthly

Facility Staff completing this form:  EO, Qualified Professional

Name/Title Gutierrez Photo

Date 10/18/2024

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Division of Health Service Regulation
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Facility Name: Residential Adolescent Community Services, INC

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Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0603 Incident Response Requirements for Category A and B providers (V366) crossed into 10A NCAC 27G .0203 Competencies of Qualified Professional and Associate Professional (V109) re-cited as a standard level deficiency with a 30-day plan of correction.

Plan of Correction – Completed by Facility Staff

(Attach additional pages if needed)

- 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. – As of October 15, 2024, our agency began the training of all staff on incident response including the Qualified Professionals (QP) and Associate Professionals and (AP). The training anticipated date of completion is by 10/31/2024 to ensure staff understand their roles and the procedures outlined in the incident response plan.
- Indicate what measures will be put in place to prevent the problem from occurring again – Our Qualified Professional (QP) and Associate Professional (AP) will maintain thorough documentation of all incidents, responses, and any actions taken to prevent future occurrences. This documentation will be readily available for review by Qualified Professional and Associate Professional.
- Indicate who will monitor the situation to ensure it will not occur again – The Clinical Director and the CEO will monitor all incidents and responses as they occur.
- Indicate how often the monitoring will take place – Any time there is an incident.

Facility Staff completing this form: [REDACTED] O

Name/Title

Quintanilla Sherris

Date

10/18/2024

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Division of Health Service Regulation
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Facility Name: Residential Adolescent Community Services, INC

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Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B providers (V367)

Plan of Correction – Completed by Facility Staff

(Attach additional pages if needed)

- 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. – All staff will be trained by 10/31/2024 and made aware of what constitutes an incident under the rules regulations and when to report. This includes any events that may affect the health, safety, or well-being of individuals served.
- Indicate what measures will be put in place to prevent the problem from occurring again – We have printed the clear protocols for reporting incidents in our incident binder. This includes who to report to, how to document the incident, and the timeline for reporting. This indicates what reports are made both internally and to appropriate external authorities when necessary.
- Indicate who will monitor the situation to ensure it will not occur again – The Qualified Professionals (QP) and Associate Professionals (AP) will be responsible to ensure the incidents are reported within the timeframe specified by rules and regulation.
- Indicate how often the monitoring will take place – Any time an incident occurs.

Facility Staff completing this form: [REDACTED] CEO

Name/Title Quintanilla J. Smith

Date 10/18/2024

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Regarding: Cross Reference: 10A NCAC 27G .0604 Incident Reporting Requirements For Category A And B Providers (Tag 367).

An emergency CFT was held for the member in question; [REDACTED] with LME/MCO Vaya Health, was notified that “there had been a major disruption in services and an emergency CFT needed to be held” via email on August 6th, 2024. The email is attached to this document.

[REDACTED]
Email: [REDACTED]

Phone: [REDACTED]

[REDACTED] SW, QP

Residential Adolescent Community Services
443 N. Summit Ave Charlotte, NC 28216
(704) 890 - 0666

Division of Health Service Regulation
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Rule Violation/Tag #/Citation Level: 10A NCAC 27D .0101 Policy on Rights Restriction and Interventions Tag (V500) crossed into 10A NCAC 27 0203 Competencies of Qualified Professionals and Associate Professionals (V109) cited as a standard level deficiency with a 60-day plan of correction.

Plan of Correction – Completed by Facility Staff

(Attach additional pages if needed)

- 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. – Effective immediately all allegations of abuse, neglect, exploitation will be reported to the QP who will initiate an investigation, document it and notify Department of social services, Health care personnel registry, and the LME/MCO if it is deemed necessary.
- Indicate what measures will be put in place to prevent the problem from occurring again – Qualified professional will submit all required incidents in IRIS and any staff accused will be placed on administrative leave and if found guilty will be immediately terminated.
- Indicate who will monitor the situation to ensure it will not occur again – The Clinical Director, CEO, and QP will monitor all incidents to determine the level of the incident and the proper reporting anytime there is an incident.
- Indicate how often the monitoring will take place – Anytime there is an incident.

Facility Staff completing this form:  CEO

Name/Title

Gutierrez

Date

10/18/2024

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Regarding: Cross Reference: 10A NCAC 27D .0101 Policy On Rights Restrictions And Interventions (Tag 500).

Residential Adolescent Community Services informed/contacted DSS on August 6th, 2024 (the same day of the incident) regarding the incident. Our agency received a visit from Child Welfare Specialist [REDACTED] on August 6th, 2024. DSS-CPS visit summary document attached.

[REDACTED] SW
Child Welfare Specialist II
Office [REDACTED]
Cell: 7 [REDACTED]

[REDACTED]

Residential Adolescent Community Services
443 N. Summit Ave Charlotte, NC 28216
(704) 890 - 0666



Kimberly Henderson, J.D.
CFAS Director

**Mecklenburg County
Department of Social Services
Youth and Family Services Division**

Denise Steele-Campbell
Division Director

Date: 08/08/2024

Dear: [REDACTED]

Re: [REDACTED]

Thank you for your report (of suspected child abuse, neglect or dependency) regarding the above-named child or children, dated 8/6/2024

☒ The report is currently being investigated. You will be notified of the findings and of any action taken by the department at the completion of the investigation.

☐ The report is currently being handled as a family assessment. You will be notified of the findings and of any action taken by the department at the completion of the assessment.

☐ Your report was referred to the following appropriate agency for further investigation.

By North Carolina law, (NC G.S. § 7B-302), when a report of abuse, neglect or dependency is received, the Department of Social Services must make a prompt and thorough investigation in order to ascertain the facts of the case, the extent of the abuse or neglect and the risk of harm to the juvenile, in order to determine whether protective services should be provided; however, Senate Bill 1005 2001 Appropriation Act of the General Assembly enabled the Division of Social Services to being multiple response child protective services system including Mecklenburg County. Because you are an important partner in protecting the children in our community, we have described our new system below.

What is a Multiple Response System?

The Multiple Response System (MRS) allows local county departments of social services to respond differently to reports of child neglect. The response options include the investigative response and the family assessment response.

Investigative Response

For valid reports of abuse and dependency and in most instances, law enforcement agencies will participate in the investigation.

Family Assessment Response

For valid reports of neglect, the county DSS conducts a family assessment and when appropriate, offers services through the department or other community agencies that emphasize prevention and assistance. The purpose of the family assessment is to discuss the safety of the child(ren), the family's resources and the family's possible need for services.

By discussing the reported outcomes with the family, as well as other areas they may wish to discuss, the family assessment determines whether the child is in need of services or that services would benefit the family. The county department will then develop a plan with them. At the completion of the assessment, if the child is found to be in need of services, the child and family will receive services from the agency.

The Mecklenburg County DSS will make every reasonable attempt to complete the investigation or family assessment within 30 days. You will receive a letter from the Mecklenburg County DSS which will inform you of the investigation of family assessment finding.

Sincerely,

[REDACTED]
Social Worker

[REDACTED]
Supervisor

PEOPLE • PRIDE • PROGRESS • PARTNERSHIPS
301 Billingsley Road • Charlotte, North Carolina 28211 • (704) 336-3000

<http://charmec.org/mecklenburg/county/Pages/Default.aspx>

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Facility Name: Residential Adolescent Community Services, INC

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Rule Violation/Tag #/Citation Level: 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation-Tag (V512) cited as a Type A1 Violation with a 23-day plan of correction.

Plan of Correction – Completed by Facility Staff

(Attach additional pages if needed)

- 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. – As of October 1, 2024, all staff has been retrained on NCI +(National Crisis Interventions Plus) - Before any staff can place a member into a therapeutic hold they will need to contact the clinical staff which includes the Therapist, QMHP, and/or the Associate professional.
- Indicate what measures will be put in place to prevent the problem from occurring again – As of August 7, 2024, is no longer employed with the agency.
- Indicate who will monitor the situation to ensure it will not occur again – The QMHP, and/or the Associate professional will discuss and review all incidents experienced in the home at the Bi-weekly meetings to ensure the staff are accurately supporting the members with verbal interventions before situations escalate.
- Indicate how often the monitoring will take place – Bi-weekly.

Facility Staff completing this form

Name/Title

Gutierrez Shultz

Date

10/18/2024

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