

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL065-273</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R 11/15/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIGHT LIGHT RESIDENTIAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>18 LOGAN ROAD CASTLE HAYNE, NC 28429</b>			
(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>A complaint and follow up survey was completed on November 15, 2024. One complaint was substantiated (intake #NC00223759) and one complaint was unsubstantiated (intake #NC00223510). A deficiency was 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 1 current client and 1 former client.</p>	V 000	<p><b>RECEIVED</b> <b>DEC 6 2024</b> <b>DHSR-MH Licensure Sect</b></p>		
V 112	<p><b>27G .0205 (C-D)</b> <b>Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></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</p>	V 112	<p><b>V 112</b></p> <p>In order to correct this action, the person-centered plan will be updated to include interventions related to the monitoring of the client's substance use. The client is receiving counseling services from a licensed addiction specialist and monitoring/follow-ups will be completed on a continuous basis.</p> <p>The PCP will indicate the strategies to address substance use and the person responsible as the client's outpatient provider.</p> <p>To prevent future deficiencies, all intake assessments will be reviewed to ensure that all treatment goals are addressing the areas of need. If an issue such as substance use arises and the client needs to be referred for addition counseling, the PCP will be updated to include strategies to address the area of addiction.</p> <p>Person Responsible: Jacqueline Carthen, Clinical Director</p>	12/30/2024	

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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>provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement strategies based on assessment affecting one of one clients (#2). The findings are:</p> <p>Review on 11/14/24 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- 15 year old female.</li> <li>- Admission date of 7/29/24.</li> <li>- Diagnoses of Major Depressive Disorder (MDD), Attention-Deficit/Hyperactivity Disorder (ADHD), and Generalized Anxiety Disorder (GAD).</li> <li>-No goals or strategies to identify substance use on treatment plan.</li> </ul> <p>Review on 11/14/24 of client #2's Admission Assessment dated 7/29/24 revealed:</p> <ul style="list-style-type: none"> <li>- "Client will be monitored for any substance use per self-report."</li> <li>- "At this time, it is reported that the client is abstinent but if a relapse occurs, the client will be referred for substance abuse counseling."</li> </ul> <p>During the interview on 11/14/24 Client #2 revealed:</p> <ul style="list-style-type: none"> <li>-Following an elopement on 11/16/24, client #2 was sent to the hospital for additional</li> </ul>	V 112			

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V 112	<p>Continued From page 2</p> <p>assessments.</p> <ul style="list-style-type: none"> <li>-A "pee" test was administered during her visit to the hospital.</li> <li>-She had not consumed any drugs on the day of her hospital visit but had smoked marijuana at school a week earlier.</li> <li>-She had never obtained any illegal substances while in the facility and had only obtained marijuana from kids at school.</li> <li>-She had not done any other illegal substances other than marijuana.</li> <li>-The facility had conducted a drug test.</li> <li>-She has no knowledge of a positive drug screen when at the hospital.</li> <li>-She did not receive any results from her drug screening and was unaware of what the results might have been.</li> <li>-She had a history of drug use.</li> </ul> <p>During the interview on 11/14/24 House Manager revealed:</p> <ul style="list-style-type: none"> <li>-Client #2 had not obtained any illegal substances at the facility.</li> <li>-A vape was found on 10/19/24 which client #2 had obtained while at school.</li> <li>-Following the discovery of client #2's marijuana use, she had been referred to counseling.</li> <li>-Client #2 attended counseling twice a week.</li> <li>-She had no knowledge of the recent drug screen that was conducted when client #2 visited the hospital.</li> </ul>	V 112			
			 <small>Jacqueline Corthen (Dec 3, 2024 16:55 EST)</small>	03/12/2024	
				12/3/2024	