Division of Health Service Regulation

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL036-399	B. WING		12/16/2024	
NAME OF PROVIDER OR SUPPLIER CHAPTER TWO STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WOODVALE AVENUE GASTONIA, NC 28054						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED CORRECTION (CROSS-REFERENCE)	D BE COMPLETE	
∨ 000	INITIAL COMMENT	rs	∨ 000	Plan of Correction:		
	on December 16, 2 substantiated (intak deficiency was cited This facility is licens category: 10A NCA Treatment Staff Ser Adolescents.	sed for the following service C 27G .1700 Residential cure for Children or sed for 4 and has a current urvey sample consisted of		Training and Education: The QP/Licensee will undergo additional training interaction and de-escalation techniques by 01. The training will be conducted by LCMHCA and will cover topics such as respect communication, client dignity, and appropriate to client refusals. Monitoring and Supervision: The QP/Licensee will be closely monitored by a supervisor (AP) for a period of one months to ecompliance with the training. Regular check-ins will be conducted to assess Licensee's progress and adherence to the training.	ful responses ensure the QP/	
	10A NCAC 27G .02 QUALIFIED PROFI ASSOCIATE PROFI (a) There shall be qualified profession (b) Qualified profession (b) Qualified professionals shall and abilities require (c) At such time as employment system then qualified profe professionals shall (d) Competence shexhibiting core skills (1) technical knowly (2) cultural awaren (3) analytical skills (4) decision-makin (5) interpersonal shown (6) communication (7) clinical skills. (e) Qualified profest NCAC 27G .0104 (ressionals no privileging requirements for lals or associate professionals. ssionals and associate demonstrate knowledge, skills d by the population served. It is established by rulemaking, ssionals and associate demonstrate competence. In all be demonstrated by ss including: ledge; ledge	V 109	All QP's trainings will be up to date in QP's perserventive Measures: QP will establish clear protocols for handling signs where clients refuse to comply with requests. protocols will be communicated to all staff meduring staff monthly meeting. I.E. Initial Approach: Respectful Communication: Always approact with a calm and respectful tone. Use positive land avoid any form of confrontation. Active Listening: Listen to the client's concert reasons for refusal. Acknowledge their feeling empathy. De-escalation Techniques: Offer Choices: Provide the client with alternation give them a sense of control. For example, prefer to take a shower now or in 30 minutes? Use Distraction: Redirect the client's attention different activity or topic to help them relax and reconsider their decision. Positive Reinforcement: Praise and Encouragement: Offer positive reinforcement for any small steps the client taken a shower!"	situations These mbers ch the client language ms and s and show tive options "Would you " n to a d kes towards	
ABORATOR	ealth Service Regulation of DIRECTOR'S OR PROVIDE TO THE SERVICE OF T	DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE	TITLE QP	(X6) DATE 01/16/2025	
STATE FOR			6899	S8VP11	If continuation sheet 1 of 4	

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	IT OF DEFICIENCIES		(V2) MUUTIDI	E CONSTRUCTION	(V2) DATE	CLIDVEY			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	· /	DATE SURVEY COMPLETED			
			A. DUILDING:			l			
		MHL036-399	B. WING		12/1	6/2024			
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE					
		1000 WO	DOVALE AVE	INUE					
CHAPTE	CHAPTER TWO GASTONIA, NC 28054								
(X4) ID PREFIX TAG				D BE	(X5) COMPLETE DATE				
V 109	Continued From page 1		V 109						
V 109	met the requirement employment system MH/DD/SAS. (f) The governing bedevelop and implement for the initiation of a plan upon hiring earlight (g) The associate purpopulation served for the initiation of a plan upon hiring earlight (g).	nts of the competency-based in in the State Plan for body for each facility shall ment policies and procedures an individualized supervision chassociate professional. Professional shall be alified professional with the or the period of time as 104 of this Subchapter.	V 109	Monitoring and Accountability: Designated Monitor: AP to monitor the situation ensure compliance with the corrective actions a preventive measures. Monitoring Frequency: Review the effectiven protocols during monthly staff meetings. Discussional challenges and identify areas for improvement. Accountability: Hold staff members accountal actions by implementing a system of consequenon-compliance with the policies and procedure. Feedback Mechanism: Encourage staff to profeedback on the protocols and suggest any mobased on their experiences.	ess of the ss any ole for their nces for es.				
	Qualified Profession demonstrate knowle required by the popare: Record review on 1 personnel record re-Hire date of 9/1/23-Job title: QPSigned job descrip-Client Specific Trail Interview on 12/2/24-Former Client (FC)	view and interview, 1 of 1 nal (QP)/Licensee failed to edge, skills and abilities rulation served. The findings 1/27/24 of the QP/Licensee's evealed: tion dated 9/1/23. ining dated 9/11/23. 4 with Client #1 revealed:) #3 was refusing to shower.							
	[QP/Licensee] throw floor. (did not know -"I went to my room								

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION (X3) DATE COME		SURVEY LETED
		MHL036-399	B. WING		12/1	6/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CHAPTE	R TWO		DDVALE AVE A, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 109	Continued From pa	ge 2	V 109			
	-"I don't know who I to."	ne (QP/Licensee) was talking				
	Interview on 12/2/24 with Client #2 revealed: -"I heard screaming and heard him (QP/Licensee) say "Get out of bed and get her nasty a** in the shower."" -"He (QP/Licensee) said "Y'all are f***** nasty."" -Could not remember the date.					
	Attempted interview on 12/5/24, 12/9/24 and 12/15/24 with FC #3, but was unsuccessful due to her therapist not returning calls.					
	-"[FC #3] was refus [QP/Licensee] spok hygiene. (did not re -Did not witness the	te to her (FC #3) about her member the date)" QP/Licensee curse at FC #3. QP/Licensee throw FC #3's				
	Professional (AP) re-FC #3 had a proble was refusing to sho -"[QP/Licensee] add hygiene). He (QP/L was going to shower-Could not remembed and recall hearing FC #3.	em with her hygiene (FC #3 wer). dressed it (FC #3's bad icensee) told her (FC #3) she er." er the date. ing the QP/Licensee curse at icensee throwing FC #3's bed				
	revealed: -"[FC #3] had issue -"I never said "Get y	24 with the QP/Licensee s with her hygiene." your nasty a*s in the shower." her (FC #3) up to shower				

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MHL036-399 B. WING	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		2) MULTIPLE CONSTRUCTION (X3) DATE COMP		SURVEY LETED		
NAME OF PROVIDER OR SUPPLIER CHAPTER TWO 1000 WOODVALE AVENUE GASTONIA, NC 28054 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 109 Continued From page 3 because staff could not handle it anymore (the odor due to FC #3 refusing to shower)." -Could not recall the date.			MHL036-399	B. WING		12/1	6/2024		
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 109 Continued From page 3 because staff could not handle it anymore (the odor due to FC #3 refusing to shower)." -Could not recall the date.	NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE				
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 109 Continued From page 3 because staff could not handle it anymore (the odor due to FC #3 refusing to shower)." -Could not recall the date.	CHAPTE	CHAPTER TWO							
because staff could not handle it anymore (the odor due to FC #3 refusing to shower)." -Could not recall the date.	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	H CORRECTIVE ACTION SHOULD BE COMPLÉTE PARE			
-Did not throw FC #3's bed linens on the floor.	V 109	because staff could odor due to FC #3 i -Could not recall the	I not handle it anymore (the refusing to shower)." e date.	V 109					

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