

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/17/2025
NAME OF PROVIDER OR SUPPLIER INSPIRATIONZ		STREET ADDRESS, CITY, STATE, ZIP CODE 607 HILLHAVEN DRIVE WINSTON-SALEM, NC 27107		
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on February 17, 2025. 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 has a current census of 2. The survey sample consisted of audits of 2 current clients and 1 former client.</p> <p>A sister facility is identified in this report. The sister facility will be identified as sister facility A.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 114	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility did not document 2nd quarter fire drills (April-June 2024) and did not conduct all disaster drills under conditions that simulated fire emergencies. The findings are:</p> <p>Review on 2/13/25 of the facility's fire and disaster log for the review period of April 2024 to January 2025 revealed:</p> <ul style="list-style-type: none"> -No documentation of fire drills for each shift during the 2nd quarter (April-June 2024). -Documentation of disaster drills that were not simulated to that of fire emergencies were: <ul style="list-style-type: none"> -6/16/24 at 6:45 pm, "Kids (clients) watched the weather channel and observed different disaster related events and discussed with staff." -9/14/24 at 6:00 am, "Watched weather channel to start today to stay informed on disasters and what to do was discussed with staff." -9/14/24 at 2 pm, "Watched weather channel on floods and discussed the procedure to get to higher ground..." -12/29/24 at 12:15 pm, "Watched video on what to do during lock down. And had a discussion on what to do when this type of drill is ..." -12/29/24 at 4:00 pm, "Kids (clients) completed a pop quiz to determined what they have learned over time about disasters, all kids (clients) done well." <p>Interview on 2/17/25 with the Qualified Professional/Contracts Director revealed:</p> <ul style="list-style-type: none"> -She had emailed the documentation of 2nd quarter fire drills on 2/12/25 or 2/13/25 for review. -No documentation of 2nd quarter fire drills was 	V 114		

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V 114	Continued From page 2 provided for review. -"You can't do a flood to practice a flood drill. I have them (clients) watch videos on disasters that could happen and give them (clients) a test on it to show their understanding what to do." -"I've been doing it (disaster drills) this way for 18 years."	V 114		
V 300	27G .1708 Residential Tx. Child/Adol - Trans or dischg 10A NCAC 27G .1708 TRANSFER OR DISCHARGE (a) The purpose of this Rule is to address the transfer or discharge of a child or adolescent from the facility. (b) A child or adolescent shall not be discharged or transferred from a facility, except in case of emergency, without the advance written notification of the treatment team, including the legally responsible person. For purposes of this Rule, treatment team means the same as the existing child and family team or other involved persons as set forth in Paragraph (c) of this Rule. (c) The facility shall meet with existing child and family teams or other involved persons including the parent(s) or legal guardian, area authority or county program representative(s) and other representatives involved in the care and treatment of the child or adolescent, including local Department of Social Services, Local Education Agency and criminal justice agency, to make service planning decisions prior to the transfer or discharge of the child or adolescent from the facility. (d) In case of an emergency, the facility shall notify the treatment team including the legally responsible person of the transfer or discharge of the child or adolescent as soon as the emergency	V 300		

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V 300	<p>Continued From page 3</p> <p>situation is stabilized.</p> <p>(e) In case of an emergency, notification may be by telephone. A service planning meeting as set forth in Paragraph (c) of this Rule shall be held within five business days of an emergency transfer or discharge.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide written discharge notification of a former client (FC#3). The findings are:</p> <p>Reviews on 2/4/25 and 2/5/25 of Former Client (FC#3)'s record revealed: -No documentation was provided for review of an advanced written notification of FC #3's discharge from the facility to the treatment team, including the legally responsible person.</p> <p>Interviews on 2/3/25, 2/4/25 and 2/17/25 with the Qualified Professional/Contracts Director (QP/CD) revealed: -2/3/25- FC#3 was identified as the last client served at the facility. -2/4/25-FC#3 "transitioned to sister facility A on 8/1/24." -FC#3 was "transitioned" to sister facility A because "it made no sense to have 1 client in the facility with staffing requirements to meet." -"No discharge paperwork. I thought if a client moved from and to the same level of care under the same provider, it was a lateral move and there was no need for a discharge summary." -2/17/25-FC #3 was "transitioned" to sister facility A because "she did not meet the complex needs criteria."</p>	V 300		

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V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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 interview, the facility was not maintained in a clean and attractive manner and kept free from insects. The findings are:</p> <p>Observation on 2/13/25 from 2:13 pm to 3:03 pm revealed:</p> <ul style="list-style-type: none"> -In Client #1's room, the following observations were made: <ul style="list-style-type: none"> -A white-colored square approximately 11"x 17" on the wall above the bedside table. -A dark-colored area of approximately 3' x 3' on the wall to the right side of Client #1's bed. -Multiple, black-colored particles were on the ceiling around and on the air return vent. -Right knob was missing from a wardrobe that contained books inside. -A hole in top left corner of Client #1's closet door and a crack approximately 4-6" in length located inside the same door at the top of the door. -A hole in the top left corner of Client #1's bedroom door with a white-colored substance around the hole. -The bathroom which is adjacent to Client #1's bedroom had a toilet tissue holder rod missing. -In FC #3's bedroom, the following observations were made: <ul style="list-style-type: none"> -A hole in top left corner of the closet door. -Carpet near the bedroom window and area rug 	V 736		

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V 736	<p>Continued From page 5</p> <p>had at least 4-5 brown and black stains.</p> <ul style="list-style-type: none"> -At least 10-12 dead insects laying on the carpet and area rug near the bedroom window. -The bottom window sill of 2 windows had multiple areas of peeled paint which exposed the wood of the window sill. -In Client #2's bedroom, the left and right top of her closet doors had holes. -In a vacant client bedroom the following observations were made: <ul style="list-style-type: none"> -The wall above the client bed had at least 10 peeled paint areas and about 5 taped places on this wall. -A hole in top left corner of the closet door. -A dead bug on the carpet floor near the window. -In the living room near the office desk and front door, a wood piece of the floor had separated from other wood flooring panels and there was at least 20-30 dead insects which laid in this area of the floor. <p>Interview on 2/13/25 with the Qualified Professional/ Contracts Director revealed:</p> <ul style="list-style-type: none"> -She planned to have all the walls repainted. -The black colored particles around Client #1's air return vent was dust from the ventilation in the room. -Client #1 must have removed the rod to the toilet tissue holder to use for his car ramp. -The holes in the top of the clients' closet doors were caused by the hinged stoppers attached to the door. She would have the doors repaired as soon as she could. -The dead bugs were beetles that were coming through from the mulch laid outdoors near the windows and door. She had been spraying to kill the beetles. 	V 736		