STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-399	A. BUILDING: _____ B. WING _____	R 03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME OF A SECOND CHANCE, I	6891 NEELY WAY RURAL HALL, NC 27045

(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	INITIAL COMMENTS An annual, complaint, and follow up survey was completed on 3/6/25. The complaints was unsubstantiated (intake # NC00227750) (intake #NC00227605). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current client.	V 000		
V 295	27G .1703 Residential Tx. Child/Adol - Req. for A P 10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS (a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1). (b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its associate professional(s). At a minimum these policies shall address the following: (1) management of the day to day day-to-day operations of the facility; (2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and (3) participation in service planning meetings.	V 295		

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V 295	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure to have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional (AP). The findings are: Review on 2/28/25 of Client #1's record revealed: -Date of admission: 9/30/24. -Diagnoses: Oppositional Defiant Disorder, Autism Spectrum Disorder. -Age: 12. Review on 2/28/25 of Client #2's record revealed: -Date of admission: 11/27/24. -Diagnoses: Conduct Disorder, Major Depressive Disorder -Age: 12. Reviews on 2/28/25 of Client #3's record revealed: -Date of admission: 6/13/24. -Diagnoses: Disinherited Attachment Disorder of Childhood, Conduct Disorder, childhood-onset type. -Age: 12. Interview on 3/3/25 with the Director/Qualified Professional revealed: -The AP quite on 1-31-25 without notice. -The facility had been looking for replacement with no prospects. -Acknowledged that the facility failed to have direct care staff who meets or exceeds the requirements of an AP.	V 295		

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V 296	Continued From page 2	V 296		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents. (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.	V 296		

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V 296	Continued From page 3 (e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain minimum staffing ratios affecting 3 of 3 audited clients (Clients #1, #2, and #3). The findings are: Review on 2/28/25 of Client #1's record revealed: -Date of admission: 9/30/24. -Diagnoses: Oppositional Defiant Disorder, Autism Spectrum Disorder. -Age: 12. Review on 2/28/25 of Client #2's record revealed: -Date of admission: 11/27/24. -Diagnoses: Conduct Disorder, Major Depressive Disorder -Age: 12. Reviews on 2/28/25 of Client #3's record revealed: -Date of admission: 6/13/24. -Diagnoses: Disinhibited Attachment Disorder of Childhood, Conduct Disorder, childhood-onset type. -Age: 12.	V 296		

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V 296	Continued From page 4 Interview on 3/3/25 and 3/6/25 with Clients #1, #2, and #3 revealed: -There is generally only two staff working at the facility; but sometime there is one at night. Interview on 3/6/25 with the Director/Qualified Professional revealed: -One staff was working by himself on a day when the clients should had been at school, he was working for 3 hours by himself before I came in. -Acknowledged that the facility failed to have two direct care staff present.	V 296		
V 297	27G .1705 Residential Tx. Child/Adol - Req. for L P 10A NCAC 27G .1705 REQUIREMENTS OF LICENSED PROFESSIONALS (a) Face to face clinical consultation shall be provided in each facility at least four hours a week by a licensed professional. For purposes of this Rule, licensed professional means an individual who holds a license or provisional license issued by the governing board regulating a human service profession in the State of North Carolina. For substance-related disorders this shall include a licensed Clinical Addiction Specialist or a certified Clinical Supervisor. (b) The consultation specified in Paragraph (a) of this Rule shall include: (1) clinical supervision of the qualified professional specified in Rule .1702 of this Section; (2) individual, group or family therapy services; or (3) involvement in child or adolescent specific treatment plans or overall program issues.	V 297		

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V 297	Continued From page 5 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure face to face clinical consultation was provided in the facility at least 4 hours a week by a licensed professional. The findings are: Review on 2/28/25 of Client #1's record revealed: -Date of admission: 9/30/24. -Diagnoses: Oppositional Defiant Disorder, Autism Spectrum Disorder. -Age: 12. -Treatment Plan dated 2/11/25 included will be taught to manage his emotions effectively. Review on 2/28/25 of Client #2's record revealed: -Date of admission: 11/27/24. -Diagnoses: Conduct Disorder, Major Depressive Disorder -Age: 12. -Treatment Plan dated 1/24/25 included increase appropriate communication skills and improve his ability to verbalize emotions. Reviews on 2/28/25 of Client #3's record revealed: -Date of admission: 6/13/24. -Diagnoses: Disinhibited Attachment Disorder of Childhood, Conduct Disorder, childhood-onset type. -Age: 12. -Treatment Plan dated 1/14/25 included will improve mood regulation. Interview on 2/27/25 with Client #1 revealed: -He did not receive counseling from a licensed counselor at the facility.	V 297		

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V 297	Continued From page 6 Interview on 3/3/25 with Client #2 revealed: -He did not receive counseling from a licensed counselor at the facility. Interview on 3/6/25 with Client #3 revealed: -He did not receive counseling from a licensed counselor at the facility. Interview on 3/3/25 with the Director/Qualified Professional revealed: -The last time the Licensed Professional (LP) was at the facility and provided services was on 2/18/25. -The LP stated she could no longer provide services due to personal reasons. -Acknowledged that the facility does not have a LP on staff to provide services. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 297		