STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl060-852	A. BUILDING: _____ B. WING _____	R-C 03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISION HOME	5004 GLENVIEW COURT CHARLOTTE, NC 28215

(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 A complaint and follow up survey was completed on 3/18/25. The complaint was unsubstantiated (intake #NC00228260). A deficiency was 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 6 and has a current census of 5. The survey sample consisted of audits of 1 current client.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl060-852	A. BUILDING: _____ B. WING _____	R-C 03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISION HOME	5004 GLENVIEW COURT CHARLOTTE, NC 28215

(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 112	Continued From page 1	V 112		

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to develop and implement goals and strategies to meet the individual needs of 1 of 1 audited clients (client #1). The findings are:

Review on 3/17/25 of client #1's record revealed:
-Admission date of 3/10/25.
-17 years old.
-Diagnoses of Adjustment Disorder with Anxiety, Conduct Disorder, Intermittent Explosive Disorder.
-Comprehensive Clinical Assessment (CCA) dated 2/5/25: Client #1 "reports a history of SIB (self-injurious behavior) since childhood. Last attempt was 2/3/25 with a superficial scrape on arm with a plastic spork ...documented recurrent suicidal behavior, gestures or threats, or self-mutilating behavior."
-CCA Addendum dated 2/21/25: Client #1 had "recent expression of suicidal ideations with a plan to steal medications for overdose ...History of several suicidal attempts ...Patient reports various past suicide attempts beginning age 11 via OD (overdose) and SIB ..."
-Person Centered Plan dated 2/20/25 had no goals or strategies to address self-injurious behavior and suicidal ideation.

Review on 3/17/25 of the North Carolina Incident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl060-852	A. BUILDING: _____ B. WING _____	R-C 03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISION HOME	5004 GLENVIEW COURT CHARLOTTE, NC 28215

(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 112	Continued From page 2 Response Improvement System report dated 3/11/25 revealed: -"[Client #1] was complaining that she had a pain in her chest. The QP (Qualified Professional) offered to take her to Urgent Care to be evaluated. [Client #1] then asked to call her social worker. The social worker came for a visit and instructed her to go to Urgent Care. [Client #1] became dysregulated as she wanted to go to the hospital. [Client #1] then went AWOL. Staff and the social worker followed. [Client #1] countiued running away as staff followed. [Client #1] grabbed a glass bottle off the side of the road and broke the bottle. She began using the borken glass to self harm by cutting into her arm and neck while yelling will you take me to the hospital now. [Client #1] then sat on the ground and continued cutting herself until medic arrived and transported her to the hospital. [Client #1] stated that in addition to cutting she also swallowed glass." Interview on 3/17/25 with client #1 revealed: -Ran from the facility on 3/11/25. -Did not know why she left. -Found a bottle and cut herself. -Was never out of eyesight of staff. -Was transported to the hospital where she remained 2 to 3 days. Interview on 3/18/25 with client #1's guardian revealed: -Client #1 had a history of self-injurious behaviors and suicidal ideation. -Had been on the phone with client #1 and facility staff on 3/11/25 when client #1 attempted to run away and cut herself with broken glass. -Co-worker was present at the facility when client #1 ran away.	V 112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl060-852	A. BUILDING: _____ B. WING _____	R-C 03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISION HOME	5004 GLENVIEW COURT CHARLOTTE, NC 28215

(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 112	Continued From page 3 Interview on 3/17/25 with staff #1 revealed: - On 3/11/25 client #1 said her chest hurt and she wanted to go to the hospital. -Client #1 was told by staff that she would be taken to the urgent care. -When client #1 became upset, the QP took her outside to process. -Client #1's guardian's coworker arrived and reiterated that she would be taken to the urgent care. -Client #1 walked out of the yard and up the street. -Staff #1, the QP, and client #1's guardian's co-worker followed in their vehicles. -Staff attempted to verbally redirect. -Client #1 picked up a bottle and smashed it on the ground. -Client #1 picked up pieces of glass and started cutting her arm while walking and then began cutting her neck. -Staff called 911 for assistance. -When the ambulance arrived, client #1 said she had swallowed glass. -Client #1 was always in the line of sight of staff. -Staff did not observe client #1 swallowing glass. -Client #1 was taken to the hospital, was admitted and discharged on 3/13/25. -Thought client #1 had a goal to address self-injurious and suicidal behaviors. Interview on 3/18/25 with the QP revealed: -On 3/11/25 client #1 complained of tightness in her chest and was told that the protocol is to take to urgent care. -Client #1 became upset and talked to her guardian on the phone who reiterated that she would be taken to urgent care. -Was outside with client #1 and she "took off down the street."	V 112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl060-852	A. BUILDING: _____ B. WING _____	R-C 03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW VISION HOME	5004 GLENVIEW COURT CHARLOTTE, NC 28215

(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 112	Continued From page 4 -Followed client #1 by car with staff #1 while staff #2 and #3 remained with the other clients. -Attempted to process with client #1 and get her into the car. -Client #1 picked up a bottle and broke it and started cutting her arm. -Called 911. Client #1 sat down on the ground and began slicing her arm. -"I was trying to approach but I fell back because she was cutting and started cutting on her neck when she heard the sirens." -Emergency personnel were able to get client #1 to drop the glass and walk to the ambulance and she was transported to the hospital. -Client #1 did not have goals or strategies to address suicidal ideation and self-injurious behaviors. -Would add additional goals and strategies to address suicidal ideation and self-injurious behaviors. Interview on 3/18/25 with the Executive Director revealed: -Was not aware that client #1's treatment plan did not include goals or strategies to address suicidal ideation and self-injurious behaviors. -Would ensure goals and strategies were added to client #1's plan to address suicidal ideation and self-injurious behaviors.	V 112		