

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-149	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/09/2025
NAME OF PROVIDER OR SUPPLIER JUST IN TIME YOUTH SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 1710 SYKES STREET BURLINGTON, NC 27215		
(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>INITIAL COMMENTS</p> <p>A complaint survey was completed on April 9, 2025. The complaint was unsubstantiated (intake #NC00228911). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.</p> <p>This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <ol style="list-style-type: none"> Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. Misappropriation of the property of a healthcare facility. Diversion of drugs belonging to a health care facility or to a patient or client. Fraud against a health care facility or against 	V 132		

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

TITLE

(X6) DATE

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V 132	<p>Continued From page 1</p> <p>a patient or client for whom the employee is providing services).</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure an allegation of abuse was reported to Health Care Personnel Registry (HCPR) within five working days. The findings are:</p> <p>Review on 4/3/25 of the North Carolina (NC) Incident Response Improvement System (IRIS) revealed: -There was no level III incident report submitted by the facility for an allegation of abuse against the facility staff related to the 4/1/25 incident with client #1.</p> <p>Interview on 4/9/25 with the Qualified Professional (QP) revealed: -"The [Program Director] and the [Owner] completes all documentation of any incidents in the facility." -"I'm not sure if the [Program Director] or the [Owner] reported the incident to HCPR."</p> <p>Review on 4/2/25 and Review 4/9/25 with the Program Director revealed: -"I did not report the incident to HCPR, and I did not complete the IRIS report." -"It was so much going on that I forgot to do the report."</p>	V 132		

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V 132	Continued From page 2 Review on 4/9/25 with the Owner revealed: -"I did not know if HCPR was notified or if the IRIS report was completed because the [Program Director] handles that." -"I did not know about the allegation until later and didn't realize we had to report it." -"It was a lot going on and the [Program Director] forgot to complete the report."	V 132		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any	V 367		

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V 367	Continued From page 3 missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet	V 367		

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V 367	<p>Continued From page 4</p> <p>the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure incidents were reported to the Local Management Entity/Managed Care Organization (LME/MCO) for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 4/3/25 of client #1's record revealed: -Admission date of 6/23/23. -Disruptive Mood Dysregulation Disorder, Other Specified Attention-Deficit Hyperactivity Disorder, Other Specified Problems Related to Primary Support Group and Child in Welfare Custody. -He was 13 years old.</p> <p>Review on 4/3/25 of the North Carolina (NC) Incident Response Improvement System (IRIS) revealed:</p>	V 367		

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V 367	<p>Continued From page 5</p> <p>-There was no level III incident report submitted by the facility for an allegation of abuse against the facility staff related to the 4/1/25 incident with client #1.</p> <p>Interview on 4/9/25 with the Qualified Professional (QP) revealed: -"The [Program Director] and the [Owner] completes all documentation of any incidents in the facility." -"I'm not sure if the [Program Director] or the [Owner] completed the IRIS report.</p> <p>Review on 4/2/25 and Review 4/9/25 with the Program Director revealed: -"I did not report the incident to HCPR, and I did not complete the IRIS report." -"I did not complete the IRIS report because no staff was listed, and I didn't know how to fill it out." -"It was so much going on that I forgot to do the report."</p> <p>Review on 4/9/25 with the Owner revealed: -"I did not know if HCPR was notified or if the IRIS report was completed because the [Program Director] handles that." -"I did not know about the allegation until later and didn't realize we had to report it." -"It was a lot going on and the [Program Director] forgot to complete the report."</p>	V 367			