Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601518	A. BUILDING: _____ B. WING _____	R 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIGHT CHOICES	3705 BULLARD STREET CHARLOTTE, NC 28208

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 3/26/25. 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 has a current census of 4. The survey sample consisted of audits of 3 current clients and 1 former client.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's	V 105	RECEIVED APR 08 2025 DHSR-MH Licensure Sect	

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V 105	Continued From page 1 needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	Continued From page 2 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement its written policies regarding: criteria for discharge affecting 1 of 2 former clients (FC) (#5). The findings are: Review on 3/26/25 of the Facility's "Criteria for Discharge and Aftercare" revealed: - "RE Health Group, Inc. shall provide a written copy of a discharge plan to the consumer, or his/her legal guardian, unless a discharge plan is not required because of an unanticipated discontinuation of a consumer's treatment." Review on 3/26/25 of FC #5's record revealed: - Admission date: 1/23/25 - Discharge date: 1/24/25 - No discharge plan was in FC #5's record. Interview on 3/26/25 with the Associate Professional/Licensee revealed: - He did not have a copy of FC #5's discharge plan.	V 105		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem;	V 111		

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V 111	Continued From page 3 (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure an assessment was completed prior to the delivery of services affecting 3 of 5 clients (#1,#3 and #4). The findings are: Review on 3/25/25 of client #1's record revealed: - Admission date: 2/10/25 - Diagnoses: Not found in the record provided. - No admission assessment.	V 111		

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V 111	Continued From page 4 Review on 3/25/25 of client #3's record revealed: - Admission date: 12/10/24 - Diagnoses: Opposisitonal Defiant Disorder; Attention-Deficit/Hyperactivity Disorder (ADHD); and Adjustment Disorder with Mixed Disturbance of Emotions and Conduct - No admission assessment. Review on 3/25/25 of client #4's record revealed: - Admission date: 2/1/24 - Diagnoses: ADHD, Combined Type - No admission assessment. Interview on 3/25/25 with the Associate Professional/Licensee revealed: - There were no admission assessments completed by the facility staff for clients #1, #3, and #4. - He usually used Comprehensive Clinical Assessments (CCA) as an admission assessment. The CCA was provided by the referral person.	V 111		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility	V 114		

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V 114	Continued From page 5 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. (d) Each facility shall have a first aid kit accessible for use. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a fire and disaster drill was held at least quarterly for each shift. The findings are: Review on 3/25/25 of the facility's fire drill log from March 2024 - March 2025 revealed: - First quarter fire drills (January 2025 - March 2025) were conducted on 1/12/25, 3/5/24, and 3/21/25. Time of drills and shifts were not provided. - First quarter disaster drills (January 2025 - March 2025) were conducted on 1/12/25 and 3/5/25. Time of drills and shifts were not provided. - There was no 1st shift disaster drill conducted during the second quarter (April 2024-June 2024). - There was no 1st shift fire drill conducted during the third quarter (July 2024 - September 2024). - There were no 2nd and 3rd shift disaster drills conducted during the third quarter (July 2024 - September 2024). - Fourth quarter fire drills (October 2024 - December 2024) were conducted on 10/25/24, 11/10/24 and 12/31/24. Time of drills and shifts were not provided. - Fourth quarter disaster drills (October 2024 -	V 114		

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V 114	Continued From page 6 December 2024) were conducted on: 10/17/24 and 12/31/24. Time of drills and shifts were not provided. Interview on 3/25/25 with the Associate Professional/Licensee revealed: - I am not 100 percent sure (why fire/disaster drills are not being practiced and why all drill times/shifts were not documented). - He would follow up with staff about conducting fire and disaster drills as well as documenting fire and disaster drills. This deficiency constitutes a recited deficiency and must be corrected within 30 days.	V 114		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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. This Rule is not met as evidenced by: Based on observation and interviews the facility was not maintained in a safe and attractive manner. The findings are: Observations at approximately 11:35 am on 3/25/25 of client #1's bedroom revealed: - The closet door was missing. - There was a round hole in the lower part of the wall that was approximately 10-12 inches. - The carpet area at the foot of client #1's bed was discolored. - The door handle to his bedroom door was missing.	V 736		

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V 736	Continued From page 7 Interview on 3/25/25 with client #1 revealed: - The hole in his bedroom wall, missing closet door, discolored carpet, and missing door handle was like that when he moved in. - "I don't know how it happened" Interview on 3/26/25 with the Qualified Professional revealed: - The closet door in client #1's bedroom was installed today. - She was unsure what caused the stain on the carpet in client #1's bedroom. - She was unsure how the hole in client #1's bedroom wall occurred. - "Maintenance is here today..."	V 736		

Right Choices
3705 Bullard Street
Charlotte, NC 28208

MHL0601518

V105: 27G .0201 (A) (1-7)

Quality Management Team met with Qualified Professional (QP) and Associate Professional (AP) to review the agency's discharge policy. Conducted refresher training for QP and AP on discharge procedures. Training included ensuring discharge paperwork is accurately completed and filed in member's record. QP to ensure discharge notes and documentation are entered into member's record. Quality Management Team to conduct monthly chart reviews to identify documentation gaps. Quality Management Team has implemented an error-tracking system to monitor trends and corrective actions. ***Completion Date: 3/31/2025. Ongoing.***

V 111: 27G .0205 (A-B)

To ensure compliance with regulatory and clinical standards, our agency has implemented a structured intake and admission protocol that mandates the completion of an admission assessment prior to the delivery of services. Modified process includes the following steps: Pre-Service Screening: All referrals undergo an initial screening by intake staff to determine eligibility, and the appropriate level of care. This will ensure that only members who meet criteria proceed to the assessment phase; Timely Scheduling of Assessments: Once eligibility is confirmed, QP schedules and conducts an admission assessment that identifies the individual's clinical needs, risk factors, and goals for treatment; Documentation Review and Approval: Completed admission assessments are reviewed by designated approvers to ensure accuracy, completeness and appropriateness of the proposed service plan; Service Initiation Based on Assessment: Residential Level III services are not initiated until the admission assessment has been fully completed, documents are in the member's record and approved. QP and AP have been trained on intake procedures and compliance expectations, and regular audits are being conducted on a monthly basis to monitor adherence to assessment requirements. ***Completion Date: 3/31/2025. Ongoing.***

V 114: 27G .0207

Agency's process has been modified to reflect a drill schedule being developed at the beginning of each quarter by the QP. This schedule ensures that drills are evenly distributed across all shifts and that each staff member has an opportunity to participate. After each drill, staff completes Drill Log. These logs will be reviewed monthly by the Quality Management Team to ensure compliance.

Conducted refresher training and addressed issues and updates to emergency procedures, how to conduct and respond to fire and disaster drills. Refresher training was to ensure that drills are meaningful and reinforce proper safety protocols. Drill outcomes will be reviewed during staff meetings and quality assurance reviews. Quality Management conducts quarterly audits of drill records to confirm that each shift has participated in the required drills and that corrective actions, if any, have been followed up. ***Completion Date: 3/31/2025. Ongoing.***

V 736: 27G .0303(c)

QP made contact with contractor to assist with ensuring that the agency is in compliance with identified areas of concerns regarding safety. Meeting with staff held to discuss how to maintain and ensure the cleanness, orderly and attractive manner of the agency. Conducted a refresher training for all staff that focused on the reporting of maintenance concerns and ensuring that work orders are documented and prioritized based on urgency, with follow up to ensure resolution.
Meeting was held with members and was focused on encouragement to take pride in their living space and participating in light cleaning tasks appropriate to their abilities. This was done in efforts of fostering a sense of responsibility and ownership. Regular interior and exterior inspections will be conducted by the Quality Management Team to identify and promptly address any safety hazards, structural issues, or aesthetic concerns. Staff follows a daily housekeeping checklist that includes common areas, member bedrooms, kitchen and bathrooms. Quality Management Team will perform monthly safety audits and quality assurance walkthroughs to ensure compliance. ***Completion Date: 3/31/2025. Ongoing.***