

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-343	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 05/08/2025
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BLUE SAPPHIRE HOUSE

**107 WEST LOUISIANA AVENUE
BESSEMER CITY, NC 28016**

(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 and follow up survey was completed on 5-8-25. The complaints were unsubstantiated (Intake #NC00230086 and #NC00228577). A deficiency was 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. The survey sample consisted of audits of 4 current clients.</p>	V 000		
V 139	<p>27G .0404 (F-L) Operations During Licensed Period</p> <p>10A NCAC 27G .0404 OPERATIONS DURING LICENSED PERIOD</p> <p>(f) DHSR shall conduct inspections of facilities without advance notice.</p> <p>(g) Licenses for facilities that have not served any clients during the previous 12 months shall not be renewed.</p> <p>(h) DHSR shall conduct inspections of all 24-hour facilities an average of once every 12 months, to occur no later than 15 months as of July 1, 2007.</p> <p>(i) Written requests shall be submitted to DHSR a minimum of 30 days prior to any of the following changes:</p> <p>(1) Construction of a new facility or any renovation of an existing facility;</p> <p>(2) Increase or decrease in capacity by program service type;</p> <p>(3) Change in program service; or</p> <p>(4) Change in location of facility.</p> <p>(j) Written notification must be submitted to DHSR a minimum of 30 days prior to any of the following changes:</p>	V 139	<p>please see attached for nl</p>	<p>5/19/25</p>

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

TITLE

(X6) DATE

Gentle Douglas, QP 5/20/25

STATE FORM

6899

8XCO11

If continuation sheet 1 of 4

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V 139	<p>Continued From page 1</p> <p>(1) Change in ownership including any change in partnership; or</p> <p>(2) Change in name of facility.</p> <p>(k) When a licensee plans to close a facility or discontinue a service, written notice at least 30 days in advance shall be provided to DHSR, to all affected clients, and when applicable, to the legally responsible persons of all affected clients. This notice shall address continuity of services to clients in the facility.</p> <p>(l) Licenses shall expire unless renewed by DHSR for an additional period. Prior to the expiration of a license, the licensee shall submit to DHSR the following information:</p> <p>(1) Annual Fee;</p> <p>(2) Description of any changes in the facility since the last written notification was submitted;</p> <p>(3) Local current fire inspection report;</p> <p>(4) Annual sanitation inspection report, with the exception of a day/night or periodic service that does not handle food for which a sanitation inspection report is not required; and</p> <p>(5) The names of individuals who are owner, partners or shareholders holding an ownership or controlling interest of 5% or more of the applicant entity.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide the required written documentation of emergency relocation of clients to the Department of Health Service Regulations (DHSR). The findings are:</p> <p>Review on 5-7-25 of the facility's disaster plan</p>	V 139		

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NAME OF PROVIDER OR SUPPLIER BLUE SAPPHIRE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 107 WEST LOUISIANA AVENUE BESSEMER CITY, NC 28016		
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V 139	<p>Continued From page 2</p> <p>revealed: -"...In the event the residential or day programs requires immediate relocation, the Executive Director plans for persons, which includes contacting the legal guardian and licensing agency for approval/permission."</p> <p>Interview on 5-6-25 with client #1 revealed: -"They had to turn the water off because some of the younger ones (clients #3 and #4) had put something in the toilet and we couldn't use the toilets or turn the water on. No, it (toilets/water back on) was fixed that same day (not sure of the date). We had to leave (the facility) that day (the day the water was off) but we came home that night and stayed here. We slept here that night we always sleep here (at the facility)."</p> <p>Interview on 5-6-25 with client #2 revealed: -"We, (clients and staff) stayed at the hotel a couple of nights until the water was fixed. Two, nights. I'm not sure of the exact date but it was during spring break. The first day we left (the facility) that morning and we went to the park and walked around a little bit then we went to [#2's] church and we helped at the church, then we went to [CD] house and had dinner then we came back here (facility) and we packed a bag then we went to the hotel."</p> <p>Interview on 5-6-25 with client #3 revealed: -"Yeah, it was fun. We stayed one night (at the hotel), the bed was really comfortable and the food was good."</p> <p>Interview on 5-6-25 with client #4 revealed: -"Someone (unknown) stopped up the toilet and we didn't have water so they (staff #1 and CD) took us to a hotel. One night. It (water) was fixed the next day."</p>	V 139			

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V 139	<p>Continued From page 3</p> <p>Interview on 5-7-25 with the Clinical Director (CD) revealed: -The facility had a sewer back up on 4-22-25. She (CD) and the Owner/QP made the decision to relocate the clients to a local hotel for the night until repairs could be made to the system. -"It (sewage back up) was really bad. Those girls (clients) couldn't stay there with that. So we took them to a hotel (4-22-25). It was only one night. We checked in about 9 (pm) that night (4-22-25) and we were checked out by 7:30 (am) the next day (4-23-25) because the girls (clients) had school." -"It was last minute (clients relocation) and just through the rush of everything, trying to get the girls out and situated we just didn't think to call and report it."</p> <p>Interview on 5-8-25 with the Owner/Qualified Professional (QP) revealed: -"I think we did everything we needed to do according to our disaster plan. We just forgot to notify DHSR. It was just an oversight."</p>	V 139		

Appendix 1-B: Plan of Correction Form

Plan of Correction			
<p>Please complete <u>all</u> requested information and email completed Plan of Correction form to:</p> <p style="margin-top: 10px;">Plans.Of.Correction@dhhs.nc.gov</p>			
Provider Name:	BLUE SAPPHIRE HOUSE	Phone:	[REDACTED]
Provider Contact Person for follow-up:	[REDACTED]	Fax:	[REDACTED]
		Email:	[REDACTED]
Address:	107 W. LOUISIANA AVE. BESSEMER CITY, NC 28016		
			Provider #MHL036-343
Finding	Corrective Action Steps	Responsible Party	Timeline
<p>Rule Violation/Tag #/Citation Level:</p> <p>27G .0404 (F-L) Operations During Licensed Period</p> <p>(V139) – Standard Level Deficiency</p>	<p>MEASURES TO CORRECT: AIG will ensure to provide the required written documentation of emergency relocation of clients to the Department of Health Service Regulations (DHSR).</p> <p>MEASURES TO PREVENT: AIG will ensure to provide the required written documentation for the emergency relocation of clients to the Department of Health Service Regulations (DHSR) by ensuring the following: 1. AIG will ensure the safety and health of the clients by evacuating them to a safe and secure facility where the clients' health and safety needs will be met. There will be sufficient staff, food, medicine, medical equipment and supplies to ensure the safety and health needs of the clients.</p> <p>2. AIG will notify the DHSR Mental Health Licensure and Certification Section Team Leader for the facility's region as soon as possible after the evacuation, to explain the situation and the need for relocation of clients.</p> <p>3. AIG will submit the Emergency Relocation of Clients form via e-mail as an Excel document to the DHSR Mental Health Licensure and Certification Section Team Leader with the requested information.</p> <p>The Clinical director provided additional staff training on 5/19/2025 and updated the disaster plan to include the abovementioned</p> <p>WHO WILL MONITOR: Clinical Director and Program Manager(s)</p> <p>HOW OFTEN MONITORED: Quarterly and as needed</p>	<p>Clinical Director and Program Manager(s)</p>	<p>Implementation Date:</p> <p style="text-align: center;">5-19-2025</p> <p>Projected Completion Date:</p> <p style="text-align: center;">5-19-2025</p>