

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-414	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER JORDYN HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 604 CARSON ROAD GASTONIA, NC 28052		
(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>An annual and complaint survey was completed on May 15, 2025. The complaint was substantiated (intake #NC00228638). Deficiencies were 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 and has a current census of 4. The survey sample consisted of 3 current clients.</p>	V 000		
V 295	<p>27G .1703 Residential Tx. Child/Adol - Req. for A P</p> <p>10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS</p> <p>(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).</p> <p>(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:</p> <p>(1) management of the day to day day-to-day operations of the facility;</p> <p>(2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and</p> <p>(3) participation in service planning meetings.</p>	V 295		

RECEIVED

JUN 05 2025

DHSR-MH Licensure Sect

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
President

(X6) DATE
05/30/25

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V 295	Continued From page 1 This Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain one staff who met the requirements of an Associate Professional (AP). The findings are: Review on 5/8/25 of the facility's Client Staff Census revealed: -There was no staff with the job title of AP. Interview on 5/14/25 with the Qualified Professional revealed: -There is not an AP staff. -The previous AP had recently resigned. -The Facility President is actively looking for a new AP. Interview on 5/14/25 with the Facility President revealed: -Last AP resigned unexpectedly. -Actively trying to find a new AP.	V 295		
V 300	27G .1708 Residential Tx. Child/Adol - Trans or dischg 10A NCAC 27G .1708 TRANSFER OR DISCHARGE (a) The purpose of this Rule is to address the transfer or discharge of a child or adolescent from the facility. (b) A child or adolescent shall not be discharged or transferred from a facility, except in case of emergency, without the advance written notification of the treatment team, including the legally responsible person. For purposes of this	V 300		

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V 300	<p>Continued From page 2</p> <p>Rule, treatment team means the same as the existing child and family team or other involved persons as set forth in Paragraph (c) of this Rule. (c) The facility shall meet with existing child and family teams or other involved persons including the parent(s) or legal guardian, area authority or county program representative(s) and other representatives involved in the care and treatment of the child or adolescent, including local Department of Social Services, Local Education Agency and criminal justice agency, to make service planning decisions prior to the transfer or discharge of the child or adolescent from the facility.</p> <p>(d) In case of an emergency, the facility shall notify the treatment team including the legally responsible person of the transfer or discharge of the child or adolescent as soon as the emergency situation is stabilized.</p> <p>(e) In case of an emergency, notification may be by telephone. A service planning meeting as set forth in Paragraph (c) of this Rule shall be held within five business days of an emergency transfer or discharge.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to coordinate service planning decisions prior to the transfer or discharge of the child or adolescent from the facility affecting 1 of 1 Former Client (FC #4). The findings are.</p> <p>Review on 4/14/25 of FC #4's record revealed: -Admission date of 11/4/24. -Diagnoses of Post Traumatic Stress Disorder, Disruptive Mood Dysregulation Disorder,</p>	V 300		

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V 300	<p>Continued From page 3</p> <p>Attention Deficit Hyperactivity Disorder, Reactive Attachment Disorder, and Anxiety. Discharge date of 2/28/25.</p> <p>Review on 4/14/25 of FC #4's Discharge Plan revealed: -FC #4's Department of Social Services (DSS) Legal Guardian (LG) did not sign or date the plan. -There was an unidentified staff's signature with no date. -There was not a discharge planning meeting with FC #4's Child and Family Treatment Team (CFT). -FC #4's discharge was not coordinated with her CFT Team.</p> <p>Interview with FC #4's DSS LG revealed: -No one at the facility met with her or the CFT Team prior to discharge. -Did receive the discharge documents until a month after FC #4 was discharged. -"They (facility staff) gave me 8 of [FC #4] medications and she had been taking them for a month until I found out from the doctor that 3 of the medications had been discontinued . I knew nothing about it." -"I did not sign the discharge documents because we [CFT Team and Facility's President] never met to make a plan."</p> <p>Interview on 4/14/25 with the Qualified Professional (QP) revealed: -Date of hire was 3/1/25. -Did not have any information about FC #4's discharge. -The previous QP did not tell her a CFT Team meeting was needed for FC #4. -"The QP is responsible for discharges but the last QP quit."</p> <p>Interview on 4/14/25 with the Facility's President</p>	V 300		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

JORDYN HOUSE

**604 CARSON ROAD
GASTONIA, NC 28052**

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V 300	Continued From page 4 revealed: -The previous QP was responsible for completing discharges and attending CFT Team meetings. -"I sent the discharge documents but it was weeks later." -Did not attend the CFT Team meetings and did not make a discharge plan. -Hired a new QP to help with discharge planning.	V 300		

Division of Health Service Regulation
MHL036-414
Jordyn House
604 Carson Road
Gastonia, NC 28052

Re: Annual and complaint survey completed on May 15, 2025

V 295 (27G .1703): Provider has successfully hired a qualified Associate Professional (AP). This individual meets the definition outlined in 10A NCAC 27G .0104. The AP is now serving in a fulltime capacity within the residential program and is actively participating in service planning and daily operations. A review of personnel files has confirmed that the new AP's qualifications meet regulatory requirements. Documentation has been added to their file, and their role is reflected in our updated staffing roster. We have modified our staffing policies to require that a full-time AP be employed and clearly define their scope of responsibilities. Policies have been reviewed with leadership and will be part of quarterly administrative review and internal audits moving forward. To prevent recurrence, provider has implemented a compliance checklist, as part of internal audit process to ensure required staff roles are consistently filled and compliant with state standards. **Completed 5/23/2025. Ongoing.**

V 300 (27G .1708): Provider conducted a comprehensive review of all transfers and discharges within the past 90 days to identify instances where service planning coordination may have been insufficient. We identified a total of two discharges. Rectification measures were taken to ensure all communication and actions were taken to ensure a clear record of remedial efforts. Our policies have been modified to explicitly require coordination of service planning decisions prior to any member's transfer or discharge. A standardized procedure has been established to guide staff through the coordination process, ensuring compliance with regulatory requirements and best practices. All relevant staff members

have undergone training focused on understanding the importance of coordinated service planning during transitions, familiarity with the updated policies and procedures, effective communication strategies with members, families and receiving providers. A quarterly audit process has been implemented to review transfer and discharge cases, focusing on adherence to the updated coordination procedures.

Completed 5/23/2025. Ongoing.