Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
7.1.12 1 27.11	0. 00.11.20.10.1		A. BUILDING:	G:			
		MHL034-410	B. WING		06/2	3/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
DEVINE	MINDS		KE STREET I SALEM, NO				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENT	ΓS	V 000				
	A complaint survey was completed on June 23, 2025. The complaint was substantiated (Intake #NC00231560). A deficiency was cited.						
	This facility is licensed for the following service categories: 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness and 10A NCAC 27G .1400 Day Treatment for Children and Adolescents with Emotional or Behavioral Disturbances.						
	Psychosocial Reha Individuals with Sev Illness has a currer Day Treatment for 0	urrent census of 4. The .1200 bilitation Facilities for vere and Persistent Mental at census of 0 and the .1400 Children and Adolescents has 4. The survey sample of 1 former client.					
V 115	27G .0208 Client S	ervices	V 115				
	(a) Facilities that prassure that: (1) space and super the safety and welfar (2) activities are suitand treatment/habits served; and (3) clients participal activities. (h) Facilities or programming in these Rules as "2 available 24 hours a unless otherwise space (c) Facilities that secolients shall ensure	itable for the ages, interests, itation needs of the clients te in planning or determining grams designated or described 24-hour" shall make services a day, every day in the year.					

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION (X3) DATE SU COMPLE		
		MHL034-410	B. WING		06/2	3/2025
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DEVINE	MINDS		KE STREET SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 115	are transported, the with secure adaptiv (e) When two or morequire special assin a vehicle are transported.	e vehicle shall be equipped be equipment. For preschool children who stance with boarding or riding asported in the same vehicle, adult, other than the driver, to	V 115			
	facility failed to provensure safety and versure safety and safety a	view and interviews, the vide space and supervision to welfare of the client affecting #1). The findings are:  of FC #1's record revealed: : 5/29/25; tive Mood Dysregulation; Childhood-Onset; ess Disorder; and Other ological Development; ed 6/10/25 client was outside ervised.  5 with FC #1 revealed: Tuesday (6/10/25), she has				

Division of Health Service Regulation

STATE FORM 6899 KKVF11 If continuation sheet 2 of 5

DIVISION	of Health Service Re	guiation	1		г	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL034-410	B. WING		06/2	3/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
			KE STREET			
DEVINE	MINDS		SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 115	Continued From pa	ge 2	V 115			
	-She asked the other problem." The two canother and she go-She went outside a "already knew what piece of glass undershe told the Program Professional (AP)) ther mad; -"The PD/AP stated the other client was liked her;" -She went back out began cutting herse her call her Social Nershe went to the baplastic off a flowerp and neck); -"I told her (PD/AP) my SW and that I a of Social Services (She was standing when three other strunch. She stepped the staff members to "The door closes a "I am banging my statempt to get insidershe picked up a rotthe door handle off she wrote f**** y** went to the long side window to get insidershe broke a window arrived at the day p side of the building hill, behind the facility.	er female client "what was her clients began yelling at one t made. and found a piece of glass and I needed to do." She hid the r a rock; am Director (PD)/Associate that the new client was making I, 'FC #1 was mad because not talking to her, and she side, grabbed the glass and elf because staff would not let Vorker (SW); throom, broke a piece of ot and cut herself (arm, leg, that she was supposed to call m the property of [Department DSS)];" in the doorway to the facility, aff members returned from outside of the facility to allow to enter the program; and she hears the door lock;" shoulder against the door, to be the day program; tok and attempted to knock with the rock; on the door windows and she e of the building to knock on a se the day program; w and law enforcement rogram. She ran down the and attempted to run up the				

6899

Division of Health Service Regulation STATE FORM

Interview on 6/19/25 with legal guardian DSS

KKVF11 If continuation sheet 3 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
	MHL034-410	B. WING		06/2	3/2025
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
DEVINE MINDS	1164 BUR	KE STREET			
DEVINE MINDS	WINSTON	SALEM, NO	27101		
PREFIX (EACH DEFICIENCY I	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
the facility;" -FC #1 went into the of hard plastic and seritate of hard plastic and series of hard plastic and	the (FC #1) was locked out of a bathroom and found a piece coratched herself; thent) was locked the (FC #1) went outside;" and said something like FC #1 by discharged for her cutting the street with the post of the glass and proceeded to the door after, [FC #1] picked up a rock. I'm fearful this point;" laining stating, "that she did (day treatment);" to be in placement, and she th her mom; the FC #1, and FC #1 asked if the program first, then all her SW; could go outside for some at of the facility for "a good ten the day program and	V 115			

Division of Health Service Regulation

STATE FORM 6899 KKVF11 If continuation sheet 4 of 5

INAME OF PROVIDER OR SUPPLIER    NAME OF PROVIDER OR SUPPLIER   STREET ADDRESS, CITY, STATE, JP CODE		of Health Service Re		I		I	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1164 BURKE STREET WINSTON SALEM, NC 27101   (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 115  Continued From page 4  that she was not coming out of the bathroom; -When she entered the bathroom FC #1 had scratches on her arms, legs, and neck; -"[FC #1] told the PDI/AP that she was supposed to call the ambulance, to go to the hospital;" -She contacted the therapist for the level III facility for the therapist to speak with FC #1; -FC #1 told the PDI/AP, be did not care who the PDI/AP called. "She (FC #1) did not want to be here;" -"[FC #1] stated if staff did not do something. I am going to f** y'all up and kill myself, [FC #1] walked outside and picked up a rock and proceeded toward the facility door with the rock in her hand;" -FC #1 took a rock and attempted to carve f*** y** into the windowpane at the top of the door; -FC #1 took a rock and attempted to carve f*** y** into the windowpane at the top of the door; -FC #1 took a rock and attempted to carve f*** y** into the windowpane at the top of the door; -FC #1 was banging on the door, busted out a	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
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parie of glass. [PC #1] flow flad glass and focks.							
		parie or grass. [FC	#1] flow flad glass and focks.				

6899

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