

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL055-127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 07/09/2025
NAME OF PROVIDER OR SUPPLIER VIRTUE, INC MEANTIME HOME VI			STREET ADDRESS, CITY, STATE, ZIP CODE 3387 E HWY 150 LINCOLNTON, NC 28092		
(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 limited follow up survey for the Type A1 and Type B was completed on June 9, 2025. This was a limited follow up survey, only 10A NCAC 27G .1301 Scope (V 179) Type A1, 10A NCAC 27G .0201 Governing Body Policies (V105) cross referenced, 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan(V111) cross referenced, 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) cross referenced, 10A NCAC 27G .1303 Operations (V182) cross referenced and 10A NCAC 27E. 0107 Training on Alternatives to Restrictive Interventions (V536) Type B were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .1301 Scope (V179), 10A NCAC 27G .0201 Governing Body Policies (V105), 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan(V111), 10A NCAC 27G .1303 Operations (V182) and 10A NCAC 27E. 0107 Training on Alternatives to Restrictive Interventions (V536). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.</p> <p>The facility is licensed for 4 and currently has a census of 1. The survey sample consisted of audits of 1 current client.</p>	V 000			
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the</p>	V 112			

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

TITLE

(X6) DATE

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V 112	<p>Continued From page 1</p> <p>assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure treatment strategies were developed, current and implemented to address clients' needs affecting 1 of 1 client (Client #1). The findings are:</p> <p>Review on 7-7-25 of Client #1's record revealed: -Age: 14 years old. -Date of Admission: 3-21-25 -Diagnoses: Autistic Disorder, Attention Deficit</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>Hyperactivity Disorder, Reactive Attachment Disorder, and Conduct Disorder.</p> <p>-Treatment plan (Person Centered Plan/PCP) dated 5-19-25 with an update on 6-3-25 did not include any residential goals.</p> <p>-Child and Family Team (CFT) meeting dated 6-18-25 with no updated treatment plan.</p> <p>Review on 7-7-25 of an email received on 7-7-25 from the Licensee revealed:</p> <p>-Attached copy of treatment plan updated 6-3-25.</p> <p>-PCP Updated requested during June 18 CFT, not received. Requested again today."</p> <p>Interview on 7-7-25 with the Qualified Professional revealed:</p> <p>-Was his responsibility to ensure updated treatment plans were in the file.</p> <p>Interview on 7-7-25 with the Administrator revealed:</p> <p>-Was her understanding that there was an updated treatment plan for Client #1.</p> <p>-The Day Treatment program was the clinical home for Client #1 and they had not received a copy of the most recent treatment plan.</p> <p>-The last CFT was two weeks ago.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 112		