

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-393	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/05/2025
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

JOHNSON ENRICHMENT SERVICES LLC

221 FOXCROFT DRIVE

WINSTON SALEM, NC 27103

(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 follow up survey was completed on September 5, 2025. 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 3 and has a current census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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:</p> <ol style="list-style-type: none"> (1) the client's presenting problem; (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. <p>(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</p>	V 111		

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

TITLE

(X6) DATE

[Signature]

9-12-25

CEO/QP

STATE FORM

6899

01G011

If continuation sheet 1 of 5

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V 111	<p>Continued From page 1</p> <p>client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure an assessment was completed for each client prior to the delivery of services affecting 2 of 2 clients (Clients #1 and #2). The findings are:</p> <p>Review on 9/5/25 of Client #1's record revealed: -Admission date of 7/3/25. -Diagnoses of Oppositional Defiant Disorder (ODD), Post-Traumatic Stress Disorder (PTSD), and Generalized Anxiety Disorder. -Age: 12 years. -Client #1's application for admission dated 6/25/25 was completed and signed by the public legal guardian. -An 8/4/23 comprehensive clinical assessment (CCA) was included in Client #1's record. -No documentation of a facility admission assessment.</p> <p>Review on 9/5/25 of Client #2's record revealed: -Admission date of 7/24/25. -Diagnoses of Person with feared health complaint in whom no diagnosis is made, Reaction to severe stress-unspecified, Acute Stress Disorder and PTSD.</p>	V 111		

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V 111	Continued From page 2 -Age: 10 years. -Client #2's application for admission dated 7/24/24 was completed and signed by his public legal guardian. -A 4/15/25 CCA was included in Client #2's record. -No documentation of a facility admission assessment. Interview on 9/5/25 with the Chief Executive Officer /QP (CEO/QP) revealed: -He reviewed Clients #1 and #2's applications for admissions for his assessment. -He thought he could use each client's application for admission as his assessment. -He included the review of each client's comprehensive clinical assessment and conducted a "meet and greet" with each potential client he was considering for admission.	V 111		
V 297	27G .1705 Residential Tx. Child/Adol - Req. for L P 10A NCAC 27G .1705 REQUIREMENTS OF LICENSED PROFESSIONALS (a) Face to face clinical consultation shall be provided in each facility at least four hours a week by a licensed professional. For purposes of this Rule, licensed professional means an individual who holds a license or provisional license issued by the governing board regulating a human service profession in the State of North Carolina. For substance-related disorders this shall include a licensed Clinical Addiction Specialist or a certified Clinical Supervisor. (b) The consultation specified in Paragraph (a) of this Rule shall include: (1) clinical supervision of the qualified professional specified in Rule .1702 of this	V 297		

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V 297	<p>Continued From page 3</p> <p>Section; (2) individual, group or family therapy services; or (3) involvement in child or adolescent specific treatment plans or overall program issues.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure face-to-face clinical consultation was provided in each facility at least four hours a week by a Licensed Professional (LP). The findings are:</p> <p>Review on 9/5/25 of Client #1's record revealed: -Admission date of 7/3/25. -Diagnoses of Oppositional Defiant Disorder (ODD), Post-Traumatic Stress Disorder (PTSD), and Generalized Anxiety Disorder. -Age: 12 years.</p> <p>Review on 9/5/25 of Client #2's record revealed: -Admission date of 7/24/25. -Diagnoses of Person with feared health complaint in whom no diagnosis is made, Reaction to severe stress-unspecified, Acute Stress Disorder and PTSD. -Age: 10 years.</p> <p>Interview on 9/4/25 with Client #1 revealed: -Received therapy on Wednesdays and Fridays at an office building away from the facility. -"No therapists come here (to the facility)."</p> <p>Interview on 9/4/25 with Client #2 revealed: -Received therapy on Wednesdays and Fridays at a building where the Chief Executive</p>	V 297		

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V 297	<p>Continued From page 4</p> <p>Officer/Qualified Professional (CEO/QP)'s office is located.</p> <p>-There was no therapist who came to the group home and provided therapy.</p> <p>Interview on 9/5/25 with the CEO/QP revealed:</p> <p>-No licensed therapist came to the facility and provided therapy to Clients #1 and #2.</p> <p>-Clients #1 and #2 were transported to outside therapists twice a week.</p> <p>-"I thought therapy could be provided outside the facility."</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 297		

Facility Name: Johnson Enrichment Services, LLC MHL Number: 034-393

Plan of Correction

A Re-cited standard level deficiency is cited for:

- **10A NCAC 27G .1705 Requirements of Licensed Professionals (V297)**

Measures put in place to correct deficiencies:

I will hire a licensed clinician that will meet face to face for clinical consultation at least four hours a week in the group home.

Measures in place to prevent reoccurrence, who is monitoring and how often:

I will hire a Quality Assurance Professional in charge of guaranteeing the quality of services being delivered. The duties include documenting and reporting service quality levels. Developing plans to help the company manage employees and clients. Communicating with other team members to solve problems and following up with the appropriate channels when mistakes are found. In addition the QA professional will provide training to staff to ensure all protocols are being followed.

QA staff will review the credentials of the licensed clinician and also review their job description to ensure they are fully aware of their responsibilities. QA staff will meet monthly with licensed clinician to review policies and procedures and ensure all staff are implementing proper

A standard level deficiency is cited for:

- **10A NCAC 27G .0205 Admission Assessment (V111).**

Measures put in place to correct deficiencies:

With the assistance of the Quality Assurance Professional we will create an assessment that shall be completed for a client according to governing body policy that contains the necessary information to delivery services before being admitted to a program.

Measures in place to prevent reoccurrence, who is monitoring and how often:

The assessment will be placed in the admission packet to ensure that all staff complete the assessment before admitting any clients into the program. The QA professional will review application assessments on a monthly basis to ensure all assessments are completed for all clients correctly before admission to program.

Facility Staff completing this form:

Clarence Johnson CEO	9-12-25	
Name/Title <i>Clarence Johnson</i>	9-12-25	Date

1

CITATION LEVEL: Number of days from survey exit for citation correction

Type A = 23 days **Type B** = 45 days

Uncorrected Type A or Type B Imposed = provider should provide written notification of intended correction date

RECEIVED
SEP 16 2025
DHSR-MH Licensure Sect