

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601585	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/19/2025
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NAME OF PROVIDER OR SUPPLIER MHVII	STREET ADDRESS, CITY, STATE, ZIP CODE 710 BRAXFIELD DRIVE CHARLOTTE, NC 28217
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(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
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow-up survey was completed on 09/19/2025. The complaint was substantiated (Intake #NC00232746). 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 currently has a census of 3. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure fire and disaster drills were</p>	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>LaShell Clark, Administrator</i>	TITLE 9/29/25	(X6) DATE
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VIRTUE INC
Survey 9/19/25
Plan of Correction

Tags	Measures of Correction	Measures to prevent recurrence	Monitor	Frequency
V114	<p>In accordance with 10A NCAC 27G. 0207 emergency plan and supplies a,b,c,d</p> <p>Staff will conduct fire drill as well as disaster drills a minimum of once per month. It will be reviewed during weekly staffing to ensure it remains current</p>	<p>Meantime Home Administrators will now conduct tiered review of log weekly during staffing to assure that both fire and disaster drills are reflected on log. Not only take place monthly as it currently does, but every shift as well</p>		10/15/25 Weekly
V118	<p>In accordance with 10A NCAC 27G .0209 Medication RequirementC,1,2,3,4ABCDEF5</p> <p>VIRTUE shall file written order for medication in consumer record along with MAR. Over the counter medication shall also be filed in consumer record.</p>	<p>Administrators will now conduct a tiered review of consumer record not less than monthly to ensure medication orders are present for each prescribed medication.</p>		10/15/25 Monthly
V132	<p>In accordance with 10A NCAC 130 .0102</p> <p>VIRTUE Shall adhere to healthcare person registry reporting rules</p>	<p>Administrator will discontinue mailing in 24 hour initial Healthcare Personnel Registry Report and will complete online and or fax as indicated on form. VIRTUE will obtain submission receipt</p>		11/15/25 Each occurrence
V293	<p>VIRTUE will work within the scope of 1701and in accordance with provisions of 10A NCAC 27 .1701</p>	<p>VIRTUE Administrators will continue to work within the scope of .1701 and will clarify with child's Team members that VIRTUE works in accordance with with provisions of 10A NCAC 27 .1701</p>		10/15/25 Each occurrence
V366 V367	<p>In accordance with Incident response Requirement</p> <p>VIRTUE shall review and adhere to Incident Reporting and response rules.</p>	<p>Meantime Home Administrator will continue reviewing Incident Reports weekly during staffing. A tiered review will now be conducted.</p> <p>Administration will clarify with surveyor what the following statement which is written in red means regarding sharing IRIS: Reminder: This Incident number is part of the HIPAA security of IRIS and must not be shared with anyone outside of your organization not even your TP Clarification will include request for documentation available</p>		10/15/25 Weekly