

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601576	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/20/2026
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NAME OF PROVIDER OR SUPPLIER DREAMS AND VISION, LLC DBC NEW VISIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 3430 DALECREST DRIVE CHARLOTTE, NC 28269
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on January 20, 2026. The complaint was unsubstantiated (intake #NC00234947). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.</p> <p>This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p>Effective immediately, the facility conducted a comprehensive clinical review of all current youth to assess safety risks, treatment effectiveness, and appropriateness of continued placement. A focused multidisciplinary review was completed for youth exhibiting persistent unsafe behaviors, including reassessment of treatment interventions, supervision strategies, and level-of-care needs.</p> <p>The facility has revised its clinical oversight process to ensure that when a youth demonstrates ongoing behaviors that compromise safety or do not respond to interventions, the following actions occur:</p> <p>Formal clinical case review is initiated by the Qualified Professional (QP)</p> <p>Treatment plans are updated with measurable, behavior-specific interventions</p> <p>Enhanced supervision and de-escalation strategies are implemented</p> <p>Referral for higher level of care is pursued when clinically indicated</p> <p>Safety planning includes protections for other youth and staff</p> <p>The facility has implemented a written High-Risk Youth Review Protocol requiring documented review, escalation, and placement decision-making when a youth's needs exceed the program's capacity.</p> <p>Responsible Person: QP and Executive Director</p>	
V 293	<p>27G .1701 Residential Tx. Child/Adol - Scope</p> <p>10A NCAC 27G .1701 SCOPE</p> <p>(a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility.</p> <p>(b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section.</p> <p>(c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services.</p> <p>(d) The children or adolescents served shall require the following:</p> <p>(1) removal from home to a community-based residential setting in order to</p>	V 293		

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

Signed by:
TITLE *Robin B Roberson* (X6) DATE
2/3/2026
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V 293	<p>Continued From page 1</p> <p>facilitate treatment; and</p> <p>(2) treatment in a staff secure setting.</p> <p>(e) Services shall be designed to:</p> <p>(1) include individualized supervision and structure of daily living;</p> <p>(2) minimize the occurrence of behaviors related to functional deficits;</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to minimize the occurrence of behaviors related to functional deficits, ensure safety and deescalate out of control behaviors including frequent crisis management, and assist the adolescent in the acquisition of adaptive functioning in self-control, communication and social skills, and support the child or adolescent</p>	V 293		

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V 293	<p>Continued From page 2</p> <p>in gaining skills needed to step down to a less intensive treatment setting affecting, 1 of 1 current client (Client #1). The findings are:</p> <p>Review on 1/9/26 of Client #1's record revealed: -Admission date of 7/2/25. -16 years old. -Diagnoses of Post Traumatic Stress Disorder, Autism Disorder and Schizoaffective Disorder. -History of verbal and physical aggression toward staff (at school and the facility) and other clients, destroying property, suicidal behavior, suicidal ideation and hospitalizations for mental health. -Treatment plan dated 10/16/25 has goals and strategies for Client #1's verbal and physical aggression, social skills, communication skills, her behavior in school and he violent behavior toward herself and others.</p> <p>Review on 1/9/25 of the facility's internal incident reports from 10/1/25 to 1/1/26 revealed: -On 10/12/25 Client #1 physically attacked a staff and a former client. -On 10/22/25 Client #1 attacked Client #2. Client #2 received medical attention. -On 11/8/25 Client #1 had a suicide attempt and had to be hospitalized. -On 11/19/25 Client #1 was violent toward staff and a former client. The staff was injured. -On 12/3/25 Client #1 physically attacked a former client. -On 12/4/25 Client #1 threw a break at staff's head. -On 12/6/25 Client #1 "became agitated" with a former client and flipped a desk hitting the former client on the forehead leaving a bruise. The former client received medical attention. -On 12/15/25 Client #1 hit staff with an object.</p> <p>Interview on 1/20/26 with Client #1 revealed:</p>	V 293			

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V 293	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Did not like being at the facility. -Ignored questions and wanted to talk about her personal life. <p>Interview on 1/20/26 with Client #2 revealed:</p> <ul style="list-style-type: none"> -She and Client #2 had got into an altercation (could not remember the date). -Client #1 was "aggressive towards everyone." <p>Interview on 1/20/26 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -"[Client #1] has been having ongoing behavioral problems." -Client #1 continuously displays "violent and aggressive" behavior. -"We have tried everything. We adjusted her medications and it seemed to help for a little while then her behavior went right back to the way it was before. Nothing is working." -Client #1 one is aggressive to staff, school staff and other clients. -Afraid no one else would help Client #1. -"It's been hard getting the hospital to intervene and help." -Client #1 needed a higher level of care. <p>Interview on 1/9/26 with the Director revealed:</p> <ul style="list-style-type: none"> -Client #1 has had several hospitalizations while at the facility. -Client #1 has been disruptive to other clients. -There had been accommodations to help Client #1 but it was not helpful. -Continuous to work with Client #1. -"No other place will take her." -No plan on how to go forward to ensure the safety of other clients and staff. 	V 293		
V 295	27G .1703 Residential Tx. Child/Adol - Req. for A P	V 295		

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V 295	<p>Continued From page 4</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> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to employ a full-time Associate Professional (AP) who ensured management of the daily operations of the facility, supervision of paraprofessionals, and participation in service planning meetings. The findings are:</p> <p>Review on 12/30/25 of the initial census for the facility completed by the Director revealed: -No AP was identified for the facility.</p> <p>Interview on 1/20/26 with staff #1 revealed:</p>	V 295	<p>Effective immediately, the Program Director assigned interim Associate Professional duties to a qualified staff member who meets AP requirements, ensuring coverage of daily operations, staff supervision, and service planning participation.</p> <p>The facility has initiated recruitment and hiring for a full-time Associate Professional position. Written job descriptions have been finalized to clearly outline AP responsibilities, including:</p> <p>Daily operational oversight</p> <p>Supervision of paraprofessional staff</p> <p>Participation in treatment planning and service coordination meetings</p> <p>The facility has updated its staffing plan to require documentation of AP assignment and coverage at all times.</p> <p>Responsible Person: Executive Director</p>	
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V 295	<p>Continued From page 5</p> <p>- "We don't have a house manager and no AP, I am basically the one that is here and I try to make sure things are done that do not get done by the CEO (Director) or the QP (Qualified Professional)."</p> <p>Interview on 1/20/26 with the QP revealed: - "We don't have an AP, they quit. She (Director) was trying to hire an AP." - She was formerly the AP, "staff (former QP) left and I fell into the QP role", leaving the AP position vacant. - There had been no AP since August/September 2025.</p> <p>Interview on 1/20/26 with the Director revealed: - "I am working hard to get someone hired for the AP position. I have a listing on Indeed."</p>	V 295	<p>The facility immediately addressed the privacy concern identified during the survey by installing appropriate window coverings in the affected bedroom to ensure youth privacy during dressing and sleeping.</p> <p>The facility also confirmed that the bedroom windows are one-sided, allowing visibility from the inside out while preventing visibility into the bedroom from the exterior. However, to fully ensure privacy and compliance with regulatory expectations, window coverings were installed.</p> <p>The facility has implemented a routine environmental safety and privacy inspection process requiring staff to inspect all bedrooms weekly for privacy considerations, including window coverings, doors, and bathroom access, regardless of window design or visibility features.</p> <p>Maintenance procedures have been updated to require prompt corrective action when any privacy concern is identified.</p>	
V 742	<p>27G .0304(a) Privacy</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (a) Privacy: Facilities shall be designed and constructed in a manner that will provide clients privacy while bathing, dressing or using toilet facilities.</p> <p>This Rule is not met as evidenced by: Based on interviews and observation, the facility failed to be constructed in such a manner that provide clients with privacy while dressing affecting 1 of 3 Clients (Client #2). The findings are:</p> <p>Observation on 1/20/26 at 11:48 am of the facility revealed: - The window in Client #2's bedroom did not have</p>	V 742	<p>Responsible Person: Executive Director or Designee</p>	

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V 742	<p>Continued From page 6</p> <p>any covering.</p> <p>Interview on 1/20/26 with Client #2 revealed: -Did not know why her bedroom window did not have covering. -Did not know how long her bedroom window was without covering.</p> <p>Interview on 1/20/26 with the Qualified Professional revealed: -Client #2 "recently" took the blinds off her bedroom window. -The Director was going to purchase new blinds for Client #2's bedroom window.</p> <p>Interview on 1/20/26 with the Director revealed: -She was not aware that Client #2's bedroom window did not have any coverings. -She would purchase new blinds to put on Client #2's bedroom window.</p>	V 742		
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