

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-406	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/19/2026
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NAME OF PROVIDER OR SUPPLIER HEALTHY CHOICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1102 GROVES STREET KINGS MOUNTAIN, NC 28086
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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
V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 3/19/26. The complaints were unsubstantiated (intake #NC00236457 and #NC00235571). 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 4 and has a current census of 3. The survey sample consisted of audits of 3 current clients.</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 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</p>	V 112		

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

[Signature] President 04/08/26

TITLE (X6) DATE

STATE FORM 6899 OF7Q11 If continuation sheet 1 of 5

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V 112	<p>Continued From page 1</p> <p>obtained.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement goals and strategies to meet the individual needs of the clients affecting 1 of 3 audited clients (Client #3). The findings are:</p> <p>Review on 3/18/26 of Client #3's record revealed: -Admission date of 12/2/5. -17 years old. -Diagnoses of Post Traumatic Stress Disorder, Chronic; Attention Deficit Hyperactivity Disorder, Combined Presentation. -CCA Addendum dated 7/16/26: History of fire setting, absent without leave (AWOL), stealing, and vaping. -Treatment Plan dated 12/2/25 and updated 2/18/26 did not contain goals or strategies to address fire setting, AWOL, stealing, and vaping.</p> <p>Review on 3/17/26 of the facility's level I incident reports from 12/1/25 to 3/17/26 revealed: -Client #3 was AWOL on 12/18/25, 12/7/25, and 1/29/26. -Client #3 was found with a vape on 12/18/25.</p> <p>Review on 3/17/26 of the North Carolina Incident Report Improvement System from 12/1/25 to 3/17/26 revealed:</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>-12/6/26 Client #3 set a fire in the staff bathroom and then went AWOL.</p> <p>-3/3/26 The QP attempted to retrieve a vape from Client #3 and to prevent Client #3 from going AWOL.</p> <p>Attempted interview on 3/18/26 with Client #3 was unsuccessful due to his refusal to answer questions.</p> <p>Interview on 3/18/26 with Staff #1 revealed:</p> <ul style="list-style-type: none"> -Client #3 went AWOL when he did not get his way. -Sometimes Client #3 snuck out of the house. -Client #3 went AWOL to steal nicotine vapes. -On 12/6/25, Client #3 set a paper towel on fire in the bathroom and went AWOL. -Client #3's goals were to follow directives. -Client #3 did not have goals or strategies to address AWOL, vaping, stealing or fire setting. <p>Interview on 3/18/26 with Staff #2 revealed:</p> <ul style="list-style-type: none"> -Using vapes was one of Client #3's "failures." -Client #3 had gone AWOL. -Client #3 did not have goals or strategies to address AWOL and vaping. <p>Interview on 3/18/26 with the Associate Professional revealed:</p> <ul style="list-style-type: none"> -Sometimes Client #3 "just wants to go AWOL." -Sometimes Client #3 snuck out and sometimes he walked out "like I don't care." -Client #3 used vapes to see what he could get away with. -Client #3 did not have goals for vaping, stealing, or going AWOL. <p>Interview on 3/17/26 and 3/19/26 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> -Client #3 "goes AWOL a lot." 	V 112		

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V 112	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Client #3 had been found with vapes. -Client #3 stole vapes or found them on the ground. -Client #3 had a history of fire setting and set a paper towel on fire in the bathroom. -Discussed Client #3's fire setting, AWOL, stealing, and vaping in the Child and Family Team (CFT) meetings. -The QP was responsible for writing the Person Centered Plan (PCP). -Client #3 did not have goals or strategies in his PCP to address fire setting, AWOL, stealing, and vaping. 	V 112		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive, and orderly manner. The findings are:</p> <p>Observation on 3/17/26 of the facility revealed: -Client #2's room had phone numbers written in magic marker about 1 inch high by 5 inches long on two different walls. -Client #3's room had an electrical junction box missing the cover with exposed wires.</p> <p>Interview on 3/18/26 with Client #2 revealed: -Denied anything in the facility needed repairs.</p> <p>Attempted interview on 3/18/26 with Client #3 was</p>	V 736		

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V 736	<p>Continued From page 4</p> <p>unsuccessful due to his refusal to answer questions.</p> <p>Interview on 3/17/26 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -Client #2 had a problem with writing on the walls. -Had been made aware of the missing junction box cover during the construction survey earlier that day. -Would ensure the junction box cover was replaced and the walls were painted. 	V 736		

Healthy Choices

License #: MHL036-406

Survey Date: March 19, 2026

Address: 1102 Groves Street, Kings Mountain, NC

Tag V112 – Assessment/Treatment Planning

Deficiency Summary:

The facility failed to develop individualized goals and strategies addressing client-specific behaviors (fire setting, AWOL, stealing, vaping) for Client #3.

Corrective Action:

Client #3 discharged from our program on March 20th. As such, we were unable to make the changes to his treatment plan.

Preventative Measures:

All client records have been reviewed to ensure treatment plans reflect current behaviors, risks, and needs. A standardized treatment plan review checklist has been implemented.

Monitoring Plan:

The Qualified Professional (QP) will review all PCPs weekly for 30 days and monthly thereafter to ensure ongoing compliance.

Responsible Party:

Qualified Professional (QP)

Completed 3/20/2026. Ongoing.

Tag V736 – Facility and Grounds Maintenance

Deficiency Summary:

Environmental safety concerns including wall markings and exposed electrical wiring.

Corrective Action:

- Walls have been cleaned and repainted.
- Electrical junction box cover has been installed to eliminate exposure to wiring.

Preventative Measures:

Monthly environmental and safety inspections implemented.

Monitoring Plan:

Inspection logs will be reviewed monthly by Qualified Professional.

Responsible Party:
Qualified Professional (QP)

Completed 3/20/2026. Ongoing.