

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 05/13/2026
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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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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 5/13/26. The complaint was unsubstantiated (Intake #NC00237166). 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 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 296	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS</p> <p>(a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times.</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four</p>	V 296		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 296	<p>Continued From page 1</p> <p>children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the minimum staffing ratio of 2 staff for up to 4 adolescents while they are awake. The findings are:</p> <p>Review on 5/6/26 of Client #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date 3/30/26; - Age 12 years old; - Diagnoses: Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Other Specific Trauma and Stressor Related Disorder. 	V 296		

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V 296	<p>Continued From page 2</p> <p>Review on 5/6/26 of Client #2's record revealed:</p> <ul style="list-style-type: none"> - Admission date 2/17/26; - Age 9 years old; - Diagnoses: Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder. <p>Review on 5/6/26 of Client #3's record revealed:</p> <ul style="list-style-type: none"> - Admission date 2/17/26; - Age 12 years old; - Diagnoses: Oppositional Defiant Disorder. <p>Review on 5/6/26 and 5/13/26 of the facility's incident reports revealed:</p> <ul style="list-style-type: none"> - On 4/25/26, Client #1 left the facility and walked to the park. <p>Interview on 5/6/26 with Client #1 revealed;</p> <ul style="list-style-type: none"> - Staff #1 was the only staff at the facility when Client #1 went AWOL (absent without leave) on 4/25/26; - The local law enforcement came to the park and then the Qualified Professional came "after the fact" on 4/25/26; - "One or two staff work each shift;" - "One or two staff work on the weekends." <p>Interview on 5/6/26 with Client #2 revealed:</p> <ul style="list-style-type: none"> - Was not aware of Client #1 going AWOL; - "Sometimes one staff and sometimes 2 staff worked each shift." <p>Interview on 5/6/26 with Client #3 revealed:</p> <ul style="list-style-type: none"> - Two staff worked each shift; - One staff worked on the weekends; - "[QP] doesn't work here in the home, he just comes and does his work and leave" - "Well sometimes it's two staff but sometimes it's one staff that works with us." 	V 296		

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V 296	<p>Continued From page 3</p> <p>Interview on 5/8/26 with Staff #1 revealed:</p> <ul style="list-style-type: none"> - Two staff worked each shift; - "There is one staff in the home when another staff has to get the medications;" - "If a client gets out of school early or suspended from school", then there is one staff working with the clients alone; - Monitored Client #1 walked down the street alone on 4/25/26; - "I had another resident in the house and I couldn't leave him" on 4/25/26; - Called the QP on 4/25/26 to let him know Client #1 left the facility and went own the street; - The QP contacted the local law enforcement; - There were no other staff in the facility during the incident on 4/25/26. <p>Interview on 5/13/26 with Staff #2 revealed:</p> <ul style="list-style-type: none"> - Worked 3rd shift at the facility; - Worked 4 nights out the week at the facility; - Worked 2 nights out of the 4 nights each week alone. <p>Interview on 5/13/26 with the Associate Professional revealed:</p> <ul style="list-style-type: none"> - Two staff worked each shift; - "It may be one staff when it's only one client in the facility." <p>Interview on 5/13/26 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - Two staff worked each shift; - "There are no occasions when it's not two staff;" - Was at the facility on 4/25/26; when Client #1 left the facility and walked to the park; - Followed Client #1 as he walked to the park; - Client #1 remained in staff's line of sight during the incident on 4/25/26; - Called the local law enforcement but they never made contact with Client #1 on 4/25/26; 	V 296		

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V 296	Continued From page 4 - Client #1 returned back to the facility on 4/25/26. Interview on 5/13/26 with the Licensed Professional revealed: - There were 2 staff members working during visits to the facility. Interview on 5/13/26 with the Administrator revealed: - Two staff worked each shift; - Was not aware Staff #1 worked alone on 4/25/26, when Client #1 went AWOL.	V 296		
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 Section; (2) individual, group or family therapy services; or (3) involvement in child or adolescent specific treatment plans or overall program issues.	V 297		

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V 297	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure face to face clinical consultation was provided in the facility at least 4 hours a week by a Licensed Professional (LP). The findings are:</p> <p>Review on 5/6/26 of Client #1's record revealed: - Admission date 3/30/26; - Age 12 years old; - Diagnoses: Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Other Specific Trauma and Stressor Related Disorder.</p> <p>Review on 5/6/26 of Client #2's record revealed: - Admission date 2/17/26; - Age 9 years old; - Diagnoses: Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder.</p> <p>Review on 5/6/26 of Client #3's record revealed: - Admission date 2/17/26; - Age 12 years old; - Diagnoses: Oppositional Defiant Disorder.</p> <p>Interview on 5/6/26 with Client #1 revealed: - Received therapy at school; - Denied receiving individual or group therapy in the facility; - No knowledge of the LP.</p> <p>Interview on 5/6/26 with Client #2 revealed: - Received virtual therapy; - Denied group therapy in the facility; - No knowledge of the LP.</p> <p>Interview on 5/6/26 with Client #3 revealed:</p>	V 297		

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V 297	<p>Continued From page 6</p> <ul style="list-style-type: none"> - Received virtual therapy; - Denied group therapy in the facility; - "No [LP] works in the home." <p>Interview on 5/8/26 with Staff #1 revealed:</p> <ul style="list-style-type: none"> - Clients had virtual therapy once a week; - Did not know the LP. <p>Interview on 5/13/26 with the Associate Professional revealed:</p> <ul style="list-style-type: none"> - Clients in the facility received virtual therapy with another therapist, not the LP; - Seen the LP twice a week through a video conferencing communication platform. <p>Interview on 5/13/26 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - Clients received therapy with another therapist and not the LP; - The LP seen the clients weekly in the facility; - The LP completed groups with the clients through a video conferencing communication platform. <p>Interview on 5/13/26 with the Licensed Professional revealed:</p> <ul style="list-style-type: none"> - "I do group therapy once a week;" - Worked at least 10 hours in the facility; - Met with the QP weekly; - "They (clients) have another clinician that works with them." 	V 297		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during</p>	V 367		

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V 367	<p>Continued From page 7</p> <p>the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p>	V 367		

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V 367	<p>Continued From page 8</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. 	V 367		

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V 367	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all level II incidents in the Incident Response Improvement System (IRIS) and failed to notify the Local Management Entity (LME)/ Managed Care Organization (MCO) responsible for the catchment area where services are provided as required. The findings are:</p> <p>Review on 5/6/26 of the IRIS reports from February 2026-April 2026 revealed: - No level II incident of Client #1's AWOL (absent without leave) on 4/25/26.</p> <p>Interview on 5/6/26 and 5/13/26 with the Qualified Professional (QP) revealed: - Was responsible for completing IRIS reports; - Client #1 did not AWOL because he was with Client #1 the whole time when Client #1 went for a walk on 4/25/26.</p> <p>Interview on 5/13/26 with the Administrator revealed: - Was notified about Client #1 leaving the facility on 4/25/26 but the QP was with Client #1 the whole time; - Was aware the local law enforcement were called due to Client #1 leaving the facility on 4/25/26; - Called and spoke with an IRIS staff member and was notified that an IRIS report did not need to be completed for the incident on 4/25/26; - Did not complete the IRIS report due to being told there was no need to complete IRIS report for incident on 4/25/26.</p>	V 367		

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V 367	Continued From page 10 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 367		