		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL060-648	B. WING		05/3	30/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, S	STATE, ZIP CODE		
TUDNIA	DOLIND	9709 BAT	TEN COURT			
TURN A	ROUND	MINT HIL	L, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	-S	V 000			
	on May 30, 2018. This facility is licens category: 10A NCA	ke #NC00137251). A				
V 118	10A NCAC 27G .02 REQUIREMENTS (c) Medication adm (1) Prescription or r only be administere order of a person adrugs. (2) Medications shace clients only when acclient's physician. (3) Medications, incommendation administered only bunlicensed persons pharmacist or other privileged to prepar (4) A Medication Administer current. Medication recorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for a (D) date and time the	inistration: non-prescription drugs shall ad to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be all licensed persons, or by a trained by a registered nurse, a legally qualified person and and administer medications. Iministration Record (MAR) of a to each client must be kept a sadministered shall be all after administration. The	V 118			
	(1) Prescription or ronly be administered order of a person and drugs. (2) Medications shad clients only when and client's physician. (3) Medications, included administered only be unlicensed persons pharmacist or other privileged to prepare (4) A Medication Administered administer current. Medication recorded immediated MAR is to include the (A) client's name; (B) name, strength, (C) instructions for (D) date and time the (E) name or initials drug.	non-prescription drugs shall and to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by a trained by a registered nurse, a legally qualified person and a administer medications. Iministration Record (MAR) of a red to each client must be kept a sadministered shall be ally after administration. The ne following: and quantity of the drug; administering the drug; ne drug is administered; and				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL060-648	B. WING		05/3	0/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
TURN AROUND 9709 BATTEN COURT						
TOTAL		MINT HIL	L, NC 28227	,		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 118	Continued From pa	ae 1	V 118			
	checks shall be rec	orded and kept with the MAR appointment or consultation				
	facility failed to ensu administered and do Medication Adminis	et as evidenced by: views and interviews the ure that medications were ocumented properly on the tration Record (MAR) nts, (Client #1, #2, #3, #4).				
	-age 11; -admission date 12; -diagnoses of Opport Traumatic Stress D Hyperactivity Disord -physician orders da Clonidine 0.1 m bedtime Depakote 250 m tablets 2 times a da Lexapro 10 mg. Concerta 54 mg morning Olanzapine 10 m Melatonin 3 mg -physician order dat Sulfamethoxazo 1 tablet by mouth to no documentation Clonidine 0.1 m	ositional Defiant Disorder, Post isorder, Attention Deficit der-Combined; ated 3/29/18 for: g. Take 2 tablets each night at mg. delayed release Take 2 by Take 1 tablet at night g./24 hr ER Take 1 every mg. Take 1 tablet at night at Take 2 tablets at bedtime ted 5/1/18 for: ole/Tmp DS 800-160 mg. Take vice daily for (3) days				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
_		MHL060-648	B. WING		05/3	0/2018
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S TEN COURT	STATE, ZIP CODE		
TURN A	ROUND		_, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 118	Concerta 54 m 3/ 31/18 Olanzapine 10 Melatonin 3 mg Review on 5/16/18 -age 17; -admission date 9/ -diagnoses of Atten Disorder-Combined Related Disorder-U Disorder; -physician order da Quanficine 3 m documentation on 8 Seroquel 50 m no documentation of Review on 5/16/18 -age 14; -admission date 1/2 -diagnoses of Disru Disorder, Attention Oppositional Defiar -physician orders d Seroquel XR 10 Sertraline HCL Clonidine HCL -no documentation Seroquel XR 10 Sertraline HCL and 5/1/18;	g./24 hr ER Take on 3/30/18, mg. on 3/30/18, 3/31/18 g. on 3/30/18, 3 31/18. of Client #2's record revealed; l8/17; tion Deficit Hyperactivity l, Trauma and Stressor nspecified, Autism Spectrum ted 5/2/18 for: ng. ER 1 every morning with no 5/15/18 7 am dose; g. 1 tab three times a day with on 5/15/18 for 7 am dose. of Client #3's record revealed; left: lef	V 118			
	Review on 5/16/18 -age 12; -admission date 2/	of Client #4's record revealed:				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL060-648	B. WING		05/3	0/2018
NAME OF PROVIDER OR SUPPLIER STREET ADI			DRESS, CITY, S	STATE, ZIP CODE		
TURN A	ROUND		TEN COURT L, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 118	-diagnoses Attention Disorder, Disruptive Disorder, Post Trau Reactive Attachme -physician orders of Focalin XR 20 morning Flosnase 50 mg nostril 2 times a darphysician order dare Melatonin 3 mg physician order dare Quanfacine 1 mg no documentation Focalin XR 20 mg Gocumentation or Gocumentation of Gose Melatonin 3 mg Quanfacine 1 mg Quanfacine 1 mg Review on 5/21/18 date of hire 8/22/1-completion of med 8/16/12. Review on 5/21/18 date of hire 2/8/18 completion of med on 5/4/18. Review on 5/21/18 date of hire 8/11/14 completion of med on 6/23/15. Review on 5/21/18 date of hire 8/11/14 date of hire 8/11/15 date of hire 8/11/15 date of hire 9/7/17	n Deficit Hyperactivity e Mood Dysregulation imatic Stress Disorder, nt Disorder; ated 9/22/17 for: ng ER 1 capsule every g/inh nasal spray 1 spray each y ted 1/24/18 for: . Take 1 tablet at bedtime ted 2/28/18 for: g. Take 1 daily after supper	V 118			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
		MHL060-648			05/3	0/2018	
			DRESS, CITY, S TEN COURT	STATE, ZIP CODE			
TURN AF	ROUND		L, NC 28227				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 118	Continued From pa	ige 4	V 118				
	-date of hire 6/13/1 -completion of med on 9/30/17. Interview on 5/21/1 -staff gave medicat -Client #1 had refus -medications are ke	sed medications in the past; ept in a locked area in					
	individual container						
	revealed: -staff gave medicat	18 with Clients #2, #3, #4 ions daily.					
	revealed: -staff gave medicat	8 with House Manager ions daily as prescribed; kept in a locked area.					
	-administered and	8 with Staff #1 revealed: documented medication ne MAR when on shift.					
	 -usually worked 2nd documented medic routine duties; 	8 with Staff #2 revealed: d shift, administered and ation administration as part of for lack of documentation on					
	-would follow up to	8 with the Executive Director: ensure medications are ocumented on the MAR.					

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