	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DPLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL060-648	B. WING		08	/23/2018
NAME OF PR	ROVIDER OR SUPPLIER	STREETA	ADDRESS, CITY, STATE	, ZIP CODE		
URN ARG	DUND		TTEN COURT LL, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS	5	V 000			
	An annual and follow on 8/23/18. Deficience	up survey was completed ies were cited.				
		d for the following service 27G .1700 Residential ire for Adolescents or				
V 118	27G .0209 (C) Medic	ation Requirements	V 118			
	<ul> <li>only be administered order of a person aut drugs.</li> <li>(2) Medications shall clients only when aut client's physician.</li> <li>(3) Medications, inclu administered only by unlicensed persons to pharmacist or other le privileged to prepare</li> <li>(4) A Medication Adm all drugs administered current. Medications recorded immediately MAR is to include the (A) client's name;</li> <li>(B) name, strength, and (C) instructions for act (D) date and time the (E) name or initials of drug.</li> <li>(5) Client requests for checks shall be record</li> </ul>	istration: n-prescription drugs shall to a client on the written horized by law to prescribe be self-administered by horized in writing by the uding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. hinistration Record (MAR) of d to each client must be kept administered shall be y after administration. The e following: and quantity of the drug;				

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		MHL060-648	B. WING		08	8/23/2018
IAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
	OUND		TTEN COURT LL, NC 28227			
(X4) ID	SUMMARY ST			PROVIDER'S PLAN C		(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	COMPLET DATE
V 118	Continued From page	e 1	V 118			
	with a physician.					
	interviews, the facility medications were add physicians' orders an with medications add	view, observations and r failed to ensure ministered/discontinued per d MARS were kept current ministered recorded ninistration affecting 2 of 3				
	record revealed: -admission date of 12 Attention Deficit Hype Post Traumatic Stres Attachment Disorder Defiant Disorder (OD	ted 5/16/18 for Polyethylene				
		18 at 9:09am of client #2's evealed Polyethylene Glycol ensed 5/16/18.				
	MARS from 6/1/18-8/	nd 8/23/18 of client #2's 22/18 revealed the dosing lank with no explanation on				
	Interview on 8/22/18 got her medications e	with client #2 revealed she every day.				
	Finding #2: Review on 8/22/18 ar	nd 8/23/18 of client #3's				

STATE FORM

	OF DEFICIENCIES	· · ·		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		MHL060-648	B. WING		08	/23/2018
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				PROVIDER'S PLAN O		
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	ADHD, Disruptive Mc (DMDD) and ODD; -physicians' orders da medications; Zoloft 29 Vitamin D3 50,000 ur -no discontinue physi	26/18 with diagnosis of ood Dysregulation Disorder ated 1/25/18 for the following 5mg one tablet daily and hits one tablet once a week; ician's order for Vitamin D3 et once a week present in				
	medications on site re -Zoloft 25mg one tabl	18 at 9:12am of client #3's evealed: let daily dispensed 8/4/18; nits one tablet once a week				
	MARS from 6/1/18-8/ -the dosing date of 6/ explanation on the ba 50mg; -the dosing date of 7/ explanation on the ba 50mg;	3 at 7am blank with no ack of the form for Zoloft 6 at 7am blank with no ack of the form for Zoloft <sup>7</sup> administration of Vitamin				
	got her medications e Interview on 8/23/18 Manager Supervisor -doctor said client #3 Vitamin D3 and the m -no longer giving clien	revealed: was finished with her nedication was completed;				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		SURVEY PLETED
		MHL060-648	B. WING		08	/23/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
FURN ARG	DUND		TTEN COURT LL, NC 28227			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PRÉFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
V 296	Continued From page	e 3	V 296			
V 296	27G .1704 Residentia Staffing	al Tx. Child/Adol - Min.	V 296			
	10A NCAC 27G .1704 REQUIREMENTS					
	(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.					
	(b) The minimum number of direct care staff required when children or adolescents are					
	present and awake is as follows:					
	(1) two direct care staff shall be present for					
	one, two, three or four children or adolescents;					
	(2) three direct care staff shall be present					
	for five, six, seven or adolescents; and	eight children or				
	(3) four direct of nine, ten, eleven or tw adolescents.	are staff shall be present for velve children or				
	(c) The minimum nur during child or adoles	mber of direct care staff scent sleep hours is as				
	follows: (1) two direct c	are staff shall be present				
		ke for one through four				
		are staff shall be present				
	and both shall be awa children or adolescen	ake for five through eight its; and				
		care staff shall be present				
		awake and the third may be eleven or twelve children or				
	adolescents.					
	( )	(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this				
		e staff shall be required in				
	the facility based on t	he child or adolescent's				
	individual needs as sp plan.	pecified in the treatment				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
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V 296	Continued From page	e 4	V 296			
	supervision of childre are away from the fa	I be responsible for ensuring en or adolescents when they cility in accordance with the individual strengths and the treatment plan.				
	required staff to clien (#1, #2 and #3). The	view, interviews and ility failed to ensure the it ratio affecting 3 of 3 clients				
	record revealed: - no documentation of staff/client ratio in the plan dated 5/14/18 fo -no documentation of staff/client ratio in the plan dated 3/11/18 fo -no documentation of	of approved one to one e community in the treatment or client #1: f approved one to one e community in the treatment or client #2; f approved one to one e community in the treatment				
		(18 at 9:25am revealed the al (QP) arriving at the office 3.				
	-had to drop client #1	with the QP revealed: I off at day treatment; ther city to pick up a fourth apeutic leave.				
	Interview on 0/22/40	with client #1 revealed:				

STATEMENT	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED
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V 296	Continued From page	e 5	V 296			
	at the facility;	norning, only one staff (#3) ssional (AP) worked by				
	-the QP brought her a -staff #3 dropped her a sister facility and th -the QP took client # brought her and clien -usually has 2 staff at staff #3 was working;	t the facility but this morning				
	-usually 2 staff when worked this morning;	with client #3 revealed: wake up but only staff #3 ight, sometimes only one				
	-she worked with staf before(8/21/18); -they were relieved a	with staff #1 revealed; ff #2 on second shift the day t the beginning of third shift #4 at 11pm on 8/21/18.				
	-works on the weeker and night shifts; -always has another -can't remember the worked with her this p -sometimes she will t community on outing behind at the facility; -did not work alone a	ake clients out in the s and the other staff stays				
	weekend; -a staff did run late, a this past weekend. alth Service Regulation	another staff was in training				

TATEMENT	f Health Service Regu OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION		E SURVEY PLETED
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V 296	Continued From page	e 6	V 296			
	revealed: -have some new staff -aware of some staff addressed this with s staffing;	with the Executive Director f hired recently; leaving early and have taff to ensure adequate //client ratio for treatment				