

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20140057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
--	--

(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 February 13, 2019. The complaints (Intake #NC00147916, NC00142653, NC00145699 and NC00143967) were substantiated. Intake #'s NC00146900 and NC00146275 were unsubstantiated. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment Facility for Children and Adolescents.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's</p>	V 105		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20140057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
--	--

(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 105	Continued From page 1 needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20140057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
--	--

(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 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement written policies for adoption of standards that assure operational and programmatic performance meeting applicable standards of practice for 1.) the training in non-physical interventions and the use of physical restraints semi-annually as required by CFR §483.376(f) for 5 of 10 audited staff (#2, #4, #6, #7 and #8) and 2.) the training in Cardiopulmonary Resuscitation (CPR) on an annual basis as required by CFR §483.376(f) for 1 of 10 audited staff (#8).</p> <p>Finding #1: Review on 03/15/17 of CFR §483.376 (f) revealed: "Staff must demonstrate their competencies as specified in paragraph (a) of this section on a semiannual basis...(a) the facility must require staff to have ongoing education, training and a demonstrated knowledge of: 1)Techniques to identify staff and resident behaviors, events and environmental factors that may trigger emergency safety situation; 2) The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods, to prevent emergency safety situations and (3) the safe use of restraint and the safe use of seclusion, including the ability to respond to signs of physical distress in residents who are restrained or in seclusion."</p> <p>Review on 2/12/19 of staff #2's personnel record revealed: - Title of Mental Health Technician (MHT), hire date of 6/11/18. - No documentation of training in non-physical</p>	V 105		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20140057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
--	--

(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 105	<p>Continued From page 3</p> <p>interventions and the use of physical restraints</p> <p>Review on 2/12/19 of staff #4's personnel record revealed:</p> <ul style="list-style-type: none"> - Title of MHT, hire date of 6/12/17. - "Handle with Care" training (non-physical interventions and the use of physical restraints) expired January 2019. <p>Review on 2/12/19 of staff #6's personnel record revealed:</p> <ul style="list-style-type: none"> - Title of MHT, hire date of 7/7/17. - "Handle with Care" training expired December 2018. <p>Review on 2/12/19 of staff #7's personnel record revealed:</p> <ul style="list-style-type: none"> - Title of MHT, hire date of 11/7/11. - "Handle with Care" training expired December 2018. <p>Review on 2/12/19 of staff #8's personnel record revealed:</p> <ul style="list-style-type: none"> - Title of MHT, hire date of 8/13/18. - No documented training in non-physical interventions and the use of physical restraints. <p>Finding #2: Review on 03/15/17 of CFR §483.376(f) revealed: "Staff must demonstrate...their competencies as specified in paragraph (b) of this section on an annual basis...(b) Certification in the use of cardiopulmonary resuscitation, including periodic recertification, is required."</p> <p>Review on 2/12/19 of staff #8's personnel record revealed:</p> <ul style="list-style-type: none"> - Title of MHT, hire date of 8/13/18. - No documented certification in cardiopulmonary resuscitation. 	V 105		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20140057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
--	--

(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 105	Continued From page 4 During interview on 2/12/19 the Director of Human Resources stated she and her assistant were both "new" to the facility and were going through personnel records to ensure training was completed as required. If there was no documentation of current training in the records, the training had not been completed or the documentation had been misfiled. The staff with missing or expired training had been scheduled to complete the required training within the month.	V 105		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure disaster drills were held quarterly and repeated on each shift. The findings are: Review on 2/12/19 of facility records for 2018	V 114		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20140057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2019
NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451		
(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 114	Continued From page 5 revealed one documented disaster drill from January 2018 through December 2018. During interview on 2/12/19 clients #1 and #5 stated they had not participated in disaster drills at the facility. During interview on 2/12/19 client #9 stated he had participated in one hurricane drill. During interview on 2/12/19 staff #1 and #2 stated they had not participated in disaster drills at the facility. During interview on 2/12/19 the Director of Quality, Compliance and Risk Management stated one disaster drill had been completed between January 2018 through December 2018. No additional documentation was received prior to end of survey.	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20140057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
--	--

(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 118	<p>Continued From page 6</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting nine of nine clients (#1-#9). The findings are:</p> <p>Finding #1: Review on 02/12/19 of client #1's record revealed: -15 year old female. -Admission date of 11/18/18. -Diagnoses of Oppositional Defiant Disorder, Disruptive Mood Dysregulation Disorder, Post-Traumatic Stress Disorder, and Major Depressive Disorder</p> <p>Review on 2/12/19 of client #1's Physician orders revealed: -11/18/18 Vitamin D 50,000 IU- 1 capsule by</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20140057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
--	--

(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 118	<p>Continued From page 7</p> <p>mouth weekly on Fridays.</p> <p>-12/23/18 Clonidine Hydrochloride (HCL) Extended Release (ER) 0.1mg (used to treat impulsivity) -1 tablet by mouth twice daily.</p> <p>-11/28/18 Lithium Carbonate ER 450mg (used to treat bipolar disorder) -1 tablet by mouth twice daily.</p> <p>-12/13/18 Clonidine HCL ER 0.1mg -1 tablet by mouth at bedtime for sleep. Hold for blood pressure (BP) <90/60.</p> <p>Review on 02/12/19 of client #1's December 2018, January 2019, and February 2019 MAR's revealed the following blanks:</p> <p>February 2019:</p> <p>-Vitamin D- 02/08/19 at 8am</p> <p>-Clonidine HCL ER- 02/3/19 and 2/11/19 at 2pm.</p> <p>-BP checks- 02/02/19 - 02/04/19, 02/07/19, and 02/09/19 - 02/11/19 at 8pm.</p> <p>January 2019:</p> <p>-Vitamin D- 01/25/19 at 8 am</p> <p>-Lithium- 01/16/19 and 01/19/19 at 8 am.</p> <p>-Clonidine HCL ER- 01/16/19 at 8 am. 01/06/19, 01/09/19, 01/14/19, 01/15/19 and 01/23/19 at 2 pm.</p> <p>-BP checks- 01/01/19, 01/03/19 - 01/05/19, 01/07/19 - 01/09/19, 01/12/19 - 01/14/19, 01/17/19, 01/19/19 - 01/21/19, 01/26/19 - 01/28/19, and 01/31/19 at 8 pm.</p> <p>December 2018:</p> <p>-Vitamin D- 12/28/18 at 8 am</p> <p>-Lithium- 12/03/18, 12/18/18, and 12/21/18 at 8 pm.</p> <p>-BP checks-12/15/18 - 12/19/18, 12/21/18 - 12/22/18, 12/24/18 - 12/25/18, 12/28/18 - 12/31/18.</p> <p>During interview on 02/12/19 client #1 stated she</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20140057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
--	--

(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 118	<p>Continued From page 8</p> <p>had received her medications as ordered.</p> <p>Finding #2: Review on 02/11/19 of client #2's record revealed: -15 year old female. -Admission date of 07/10/18. -Diagnoses of Major Depressive Disorder-Moderate, Oppositional Defiant Disorder, Post-Traumatic Stress Disorder and Disruptive Mood Dysregulation Disorder.</p> <p>Review on 02/11/19 of client #2's signed Physician's orders revealed: 01/19/19 -Flonase (treats allergies) 50 micrograms (mcg) - 2 sprays in each nostril daily.</p> <p>09/07/18 -Oxybutynin (treats overactive bladder) 5mg - one tablet twice daily.</p> <p>08/02/18 -Cetirizine (treats seasonal allergies) 10mg - take one tablet daily.</p> <p>08/20/18 -Colace (stool softener) 100mg - take one capsule daily. -Oxcarbazepine (treats seizures) 600mg - take one tablet twice daily.</p> <p>10/20/18 -Levothyroxine (treats thyroid conditions) 25mcg - take one tablet daily.</p> <p>11/08/18 -Quetiapine (anti-psychotic) 200mg - take one tablet daily.</p> <p>07/11/18</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20140057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
--	--

(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 118	<p>Continued From page 9</p> <p>-Lithium Carbonate (treats manic episodes and Bipolar) 300mg give one capsule three times daily.</p> <p>10/02/18 -Melatonin (sleep aid) 3mg - 2 tablets at bedtime.</p> <p>Review on 02/11/19 and 02/12/19 of client #2's November 2018 thru February 2019 MARs revealed the following blanks: November 2018 -Oxybutynin 11/07/18 at 8 pm and 11/20/18 at 8 am. -Oxcarbazepine - 11/19/18 at 8 pm and 11/20/18 at 8 am. -Lithium - 11/02/18 and 11/03/18 at 4 pm, 11/22/18 at 4 pm and 11/27/18 at 4 pm. -Quetiapine - 11/25/18 and 11/29/18 at 6 pm. -Melatonin - 11/06/18 at 6 pm.</p> <p>December 2018 -Cetirizine - 12/18/18 at 8 am. -Colace - 12/18/18 at 8 am. -Flonase - 12/18/18 at 8 am. -Levothyroxine - 11/18/18 at 8 am. -Quetiapine - 12/05/18, 12/06/18 and 12/25/18 at 6 pm. -Oxcarbazepine - 12/18/18 at 8 am -Lithium - 12/05/18 and 12/06/18 at 6 pm, 12/18/18 at 8 am and 12/25/18 at 6 pm.</p> <p>February 2019 -Oxybutynin - 02/08/19 at 8 pm. -Flonase - 02/12/19 initialed as administered however client #2 had refused at 8 am.</p> <p>Dring interview on 02/12/19 client #2 stated: -She had refused her Flonase this morning. -She had taken the rest of her medications.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20140057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
--	--

(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 118	<p>Continued From page 10</p> <p>During interview on 02/12/19 Registered Nurse (RN) #1 stated: -She had initialed client #2's Flonase in error on the February 2019 MAR. -Client #2 had refused the Flonase on 02/12/19 at 8 am. -She was aware the MARs needed to be current.</p> <p>Finding #3: Review on 02/11/19 of client #3's record revealed: -13 year old female. -Admission date of 10/03/18. -Diagnoses of Post Traumatic Stress Disorder, Insomnia, Hypothyroidism and Seasonal Allergies, Attention Deficit Hyperactivity Disorder and Oppositional Defiant Disorder.</p> <p>Review on 02/11/19 and 02/12/19 of client #3's Physician's orders revealed: 12/07/18 -Amantadine 100mg Give 1 capsule by mouth each morning. -Clozapine 100mg Give 1 tablet by mouth daily at 6pm for psychosis. -Clozapine 25mg Give 1 tablet by mouth every morning for psychosis. -Clozapine 25mg Give 1 tablet by mouth every day at 1pm for psychosis. -Magnesium Gluc 500mg Give 1/2 tablet by mouth twice daily at 8 am and 6 pm for mood. 02/08/19 -Amphetamine 10mg Give 1 tablet by mouth once daily. 01/26/19 -Amphetamine 5mg Give 1 tablet by mouth daily at 1 pm. 10/11/18 -Docusate Sodium 100mg Give one capsule by mouth every day for constipation. 12/13/18</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20140057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
--	--

(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 118	<p>Continued From page 11</p> <ul style="list-style-type: none"> -Levothyroxine 75mcg Give 2 tablets by mouth every morning for Hypothyroidism. 11/11/18 -Multivitamin Give 1 tablet by mouth daily. 11/09/18 -Doxycycline 100mg Give one tablet by mouth twice a day at 8 am and 6 pm with for for UTI(urinary tract infection)/Acne. 11/28/19 -Lithium Carbonate ER 300mg Give 2 tablets by mouth twice daily at 8 am and 6 pm for moods. 01/28/19 -Triamcinolone Cream 0.1% Apply to affected area BID (twice a day) for Eczema. 02/02/19 -Ferrous Sulfate 325mg 1 by mouth everyday. 10/12/18 -Cerefolin NAC Give 1 tablet by mouth every morning. -Vitamin D 50,000 IU Give one capsule by mouth every Friday for Vitamin D deficiency. 10/03/18 -Trazodone 150mg Give 2 tablets by mouth at 6 pm for sleep/insomnia. 12/08/18 -Fish Oil 1000mg Give 1 capsule by mouth three times a day at 8 am, 1 pm, and 6 pm for mood. <p>Review on 02/11/19-02/13/19 of client #3's December 2018, January 2019 and February 2019 MAR's revealed the following blanks:</p> <ul style="list-style-type: none"> -Amantadine 100mg-12/18/18, 01/22/19, 02/10/19, 2/11/19. -Docusate Sod 100mg-12/18/18, 02/10/19, 2/11/19. -Levothyroxine 75mcg-02/10/19, 02/11/19. -Multivitamin-12/18/18, 02/10/19, 02/11/19. -Cerefolin-12/08/18, 02/04/19, 02/10/19, 02/11/19. -Doxycycline 100mg-12/07/18, 12/08/18, 12/23/18 at 6:00 pm, 12/25/18 at 6:00 pm, 01/07/19 at 6:00 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20140057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
--	--

(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 118	<p>Continued From page 12</p> <p>pm, 01/29/19 at 6:00 pm, 02/02/19 at 6:00 pm, 02/04/19 at 6:00 pm, 02/10/19 at 8:00 am, 02/11/19 at 8:00 am.</p> <p>-Clozapine 100mg 01/05/19 at 6:00 pm, 01/29/19 at 6:00 pm, 02/02/19 at 6:00 pm, 02/04/19 at 6:00 pm.</p> <p>-Clozapine 25mg-01/29/19 at 8:00 am, 02/10/19 at 8:00 am, 02/11/19 at 8:00 am.</p> <p>-Clozapine 25mg-01/08/19 at 1:00 pm, 01/29/19 at 1:00 pm, 02/02/19 at 1:00 pm.</p> <p>-Trazodone 150mg-01/12/19, 01/29/19, 02/02/19, 02/04/19.</p> <p>-Vitamin D 50,000 IU-01/25/19.</p> <p>-Lithium Carbonate ER 300mg-01/08/19 at 6:00 pm, 01/29/19 at 6:00 pm 2/02/19 at 6:00 pm, 02/04/19 at 6:00 pm, 02/10/19 at 8:00 am, 02/11/19 at 8:00 am.</p> <p>-Magnesium Gluc 500mg-01/08/19 at 6:00 pm, 01/29/19 at 6:00 pm, 02/04/19 at 6:00 pm, 02/04/19 at 6:00 pm, 02/10/19 at 8:00 am, 02/11/19 at 8:00 am.</p> <p>-Fish Oil 1000mg- 01/08/19 at 1:00 pm, 01/29/19 at 1:00 pm and 6:00 pm, 02/02/19 at 1:00 pm, 02/04/19 at 6:00 pm, 02/10/19 at 8:00 am, 02/11/19 at 8:00 am.</p> <p>-Amphetamine 5mg-01/08/19 at 1:00 pm, 01/29/19 at 1:00 pm, 02/02/19 at 1:00 pm.</p> <p>-Amphetamine 10mg-01/13/19, 02/02/19, 02/10/19, 02/11/19.</p> <p>-Triamcinolone-02/01/19-02/05/19 at 8:00 am and 8:00 pm, 02/08/19 at 8:00 am, 02/10/19 at 8:00 am, 02/11/19 at 8:00 am.</p> <p>-Ferrous Sulfate 325mg 02/05/19, 02/08/19.</p> <p>Finding #4: Review on 2/11/19 of client #4's record revealed: - 14 year old male. - Admission date of 3/1/18. - Diagnoses included: Disruptive Mood Dysregulation Disorder, Attention Deficit</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20140057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
--	--

(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 118	<p>Continued From page 13</p> <p>Hyperactivity Disorder (ADHD), and Oppositional Defiant Disorder.</p> <p>Review on 2/12/19 of client #4's signed Physician's orders revealed: 3/2/18</p> <ul style="list-style-type: none"> - Fluticasone (treats allergy symptoms and prevents asthma attacks) 50mcg 2 sprays to each nostril every morning. - Montelukast (treats allergies and prevents asthma attacks) 10mg, one tablet every morning. - Vitamin C (dietary supplement), 500mg, two tablets every morning. - Culturelle (promotes digestive health) one tablet every morning. - Guanfacine (treats high blood pressure and ADHD) 2mg, one tablet twice daily. - Magnesium gluconate (mineral supplement) 500mg, one tablet twice daily. - Lithium carbonate (used to stabilize mood) 300mg, one tablet three times daily. - Melatonin (a hormone used for the short-term treatment of trouble sleeping), 3mg, 2 tablets at bedtime. <p>3/9/18</p> <ul style="list-style-type: none"> - Desmopressin (used to treat diabetes insipidus, bedwetting problems and certain bleeding disorders) 0.1mg, two tablets at bedtime. <p>3/27/18</p> <ul style="list-style-type: none"> - Senna Laxative Tablet (treats constipation) one tablet every day. <p>3/30/18</p> <ul style="list-style-type: none"> - Docusate sodium (laxative) 100mg, one tablet twice daily. - Linzess (treats irritable bowel syndrome with constipation and chronic constipation with no known cause) 145mg, one tablet daily before first meal. <p>4/13/18</p> <ul style="list-style-type: none"> - Levothyroxine (treats hypothyroidism and 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20140057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
--	--

(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 118	<p>Continued From page 14</p> <p>enlarged thyroid gland) 88mcg, one tablet every other day.</p> <p>- Levothyroxine 75mcg, one tablet every other day in the morning. 5/22/18</p> <p>- Ziprasidone 80mg, one capsule every evening with dinner. 7/1/18</p> <p>- Omeprazole (treats heartburn, a damaged esophagus, stomach ulcers, and gastroesophageal reflux disease) 40mg, one tablet every morning.</p> <p>- Vitamin D (dietary supplement) 50000units, one capsule every Friday.</p> <p>- Polyethylene glycol (laxative) 3350, mix 17 grams in 8 ounces of water and drink twice daily.</p> <p>- Mineral oil (treats constipation) 15milliliters (1 tablespoon) in a glass of milk at bedtime. 11/17/18</p> <p>- Clonidine (antihypertensive) 0.1mg, one tablet every 6 hours as needed, hold if blood pressure is less than 90/60. 1/15/19</p> <p>- Ziprasidone 80mg, one tablet every morning; discontinued 2/5/19.</p> <p>Review on 2/11/19 of client #4's MARs for December 2018 - February 2019 revealed the following blanks or omissions: February 2019:</p> <p>- Ziprasidone at 6:00 pm 2/7/19 and 2/8/19.</p> <p>- Magnesium gluconate 8:00 am 2/2/19.</p> <p>- Polyethylene glycol 8:00 pm 2/2/19.</p> <p>- Melatonin 2/2/19.</p> <p>- Mineral Oil 2/2/19, 2/3/19 and 2/4/19.</p> <p>- Staff initials to indicate administration of clonidine without documentation of blood pressure checks: 2/1/19, 2/3/19, 2/5/19 and 2/6/19.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20140057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
--	--

(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 118	<p>Continued From page 15</p> <p>January 2019:</p> <ul style="list-style-type: none"> - Fluticasone 1/8/19 and 1/16/19. - Levothyroxine 88mcg 1/5/19 and 1/16/19. - Montelukast 1/8/19 and 1/16/19. - Vitamin C 1/8/19 and 1/16/19. - Culturelle 1/8/19 and 1/16/19. - Linzess 1/8/19 and 1/16/19. - Omeprazole 1/8/19 and 1/16/19. - Senna 1/8/19 and 1/16/19. - Ziprasidone at 6:00 pm 1/8/19, 1/10/19, 1/11/19, 1/16/19, 1/21/19 and 1/22/19. - Docusate Sodium 1/8/19, 1/16/19 and 1/26/19. - Guanfacine 1/8/19 and 1/16/19. - Magnesium gluconate 8:00 am 1/8/19 and 1/16/19. - Polyethylene glycol 8:00 am 1/8/19 and 1/16/19. - Lithium carbonate 8:00 am 1/8/19, 1/16/19, 1/26/19; 4:00 pm 1/8/19, 1/16/19, 1/25/19, 1/31/19; and 8:00 pm 1/18/19, 1/19/19 and 1/29/19. - Desmopressin 1/29/19. - Mineral Oil 1/29/19. - Levothyroxine 75mcg 1/19/19 and 1/31/19. - Staff initials to indicate administration of clonidine with no documentation of blood pressure checks: 1/6/19, 1/7/19, 1/15/19, 1/25/19, 1/28/19, 1/29/19, 1/31/19. <p>Review on 2/12/19 of client #4's January MAR revealed staff notation that ziprasidone was not administered 1/1/19 due to it being "unavailable."</p> <p>December 2018:</p> <ul style="list-style-type: none"> - Fluticasone 12/20/18. - Levothyroxine 88mcg, 12/5/18, 12/19/18 and 12/25/18. - Montelukast 12/20/18. - Vitamin C 12/20/18. - Culturelle 12/20/18 and 12/24/18. - Linzess 12/20/18. 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20140057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
--	--

(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 118	<p>Continued From page 16</p> <ul style="list-style-type: none"> - Omeprazole 12/20/18. - Senna 12/20/18. - Vitamin D 12/14/18. - Ziprasidone at 6:00 pm 12/3/18, 12/7/18, 12/8/18 12/17/18 - 12/20/18. - Docusate Sodium 12/20/18. - Guanfacine 12/20/18, 12/27/18. - Magnesium gluconate 8:00 am 12/20/18. 8:00 pm 12/21/18, - Polyethylene glycol 8:00 am 12/20/18. - Lithium carbonate 8:00 am 12/20/18; 4:00 pm 12/19/18 and 12/20/18; and 8:00 pm 12/31/18. - Desmopressin 12/31/18. - Melatonin 12/31/18. - Mineral Oil 12/31/18. - Levothyroxine 75mcg 12/20/18 and 12/24/18. - Staff initials to indicate administration of clonidine with no documentation of blood pressure checks: 12/1/18, 12/7/18, 12/9/18, 12/13/18, 12/15/18, 12/16/18, 12/18/18, 12/19/18, and 12/25/18. <p>No documented explanations for the blanks or omissions.</p> <p>During interview on 2/12/19 client #4 stated he took medications daily but would sometimes refuse them.</p> <p>Finding #5: Review on 02/12/19 of client #5's record revealed: -15 year old male. -Admission date of 12/03/18. -Diagnoses of Other Recurrent Depressive Disorders and Disruptive Mood Dysregulation Disorder.</p> <p>Review on 2/12/19 of client #5's Physician's orders revealed:</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20140057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
--	--

(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 118	<p>Continued From page 17</p> <ul style="list-style-type: none"> -12/03/18 Cetirizine Hydrochloride (HCL) 5mg- 1 tablet by mouth every morning. -12/03/18 Fluoxetine (used to treat major depressive disorder) 20mg - 1 capsule by mouth every morning. -12/03/18 Fluticasone 50mcg spray- 2 sprays in each nostril every morning. -01/19/19 Guanfacine HCL Extended Release (ER) (used to treat attention deficit hyperactivity disorder) 4mg- 1 tablet by mouth every morning. Hold for blood pressure (BP) <90/60. -01/08/19 Seroquel extended release (XR) (atypical antipsychotic) 300mg. 1 tablet by mouth once daily. -01/15/19 Seroquel XR 150mg. 1 tablet by mouth every morning. -12/03/18 Vitamin D 50,000IU. 1 capsule every Friday by mouth. <p>Review on 02/12/19 of client #5's December 2018, January 2019, and February 2019 MAR's revealed the following blanks:</p> <p>February 2019:</p> <ul style="list-style-type: none"> -Seroquel XR300 mg- 2/07/19 at 6 pm. -BP checks- 02/01/19 - 02/07/19 and 02/09/19 at 8 am. <p>January 2019:</p> <ul style="list-style-type: none"> -Cetirizine HCL- 01/05/19, 01/16/19 and 01/26/19 at 8 am. -Fluoxetine- 01/05/19 and 01/16/19 at 8 am. -Fluticasone- 01/05/19 and 01/16/19 at 8 am. -Seroquel 150 - 01/17/19 - 01/19/19 at 8 am. -Seroquel 300- 1/16/19, 1/27/19, 1/30/19 - 1/31/19 at 6 pm. -BP Checks- 01/12/19 - 1/27/19 and 1/31/19 at 8 am <p>December 2018:</p> <ul style="list-style-type: none"> -Cetirizine HCL- 12/04/18 and 12/10/18 at 8 am. 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20140057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
--	--

(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 118	<p>Continued From page 18</p> <ul style="list-style-type: none"> -Fluoxetine- 12/04/18, 12/10/18 and 12/20/18 at 8 am. -Fluticasone- 12/04/18 and 12/10/18 at 8 am. -Seroquel 150- 12/12/18, 12/19/18 - 12/20/18 and 12/27/18 - 12/28/18 at 6 pm. -Vitamin D- 12/04/18 at 8 am. <p>During interview on 02/12/19 client #5 stated:</p> <ul style="list-style-type: none"> -Following admission, he did not receive medications for first two days due to delay with consents. -He has received all medications as ordered for January 2019 - February 2019. <p>Finding #6: Review on 02/11/19 of client #6's record revealed:</p> <ul style="list-style-type: none"> -14 year old male. -Admission date of 08/14/18. -Diagnoses of Disruptive Mood Dysregulation Disorder and Attention Deficit Hyperactivity Disorder. <p>Review on 02/11/19 and 02/12/19 of client #6's Physician's orders revealed:</p> <p>11/09/18</p> <ul style="list-style-type: none"> -Cerefolin NAC Give 1 tablet by mouth once daily 12/11/18 -Seroquel XR 300mg Give 1 tablet by mouth once daily at 6 pm for moods. 08/15/18 -Guanfacine 2mg Give 1/2 tablet by mouth two times a day. 12/26/18 -Divalproex ER 500mg Give 1 tablet by mouth at bedtime. 08/15/18 -Melatonin 3mg tablet Give 2 tablets by mouth at bedtime for insomnia <p>Review on 02/11/19 of client #6's January and</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20140057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
--	--

(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 118	<p>Continued From page 19</p> <p>February 2019 MAR's revealed the following blanks: -Cerefolin NAC-01/05/19, 01/16/19. -Seroquel XR 300mg-01/2/19, 01/05/19, 01/10/19, 01/16/19-01/19/19, 01/25/19, 01/31/19, 02/07/19. -Guanfacine 2mg-01/05/19, 01/10/19, 01/16/19, 01/26/19. -Divalproex ER 500mg-01/29/19. -Melatonin 3mg-01/29/19.</p> <p>Finding #7: Review on 02/11/19 of client #7's record revealed: -16 year old male. -Admission date of 07/18/18. -Discharge date of 02/11/19. -Diagnoses of Conduct Disorder, Impulse Disorder, Cannabis use Disorder, Opiate Use Disorder and Methamphetamine Use Disorder.</p> <p>Review on 02/11/19 of client #7's signed Physician's orders revealed: 01/15/19 -Intuniv (treats Attention Deficit Hyperactivity Disorder (ADHD)) 3 mg for 3 days then 4mg every morning- Hold for blood pressure less than 90/60.</p> <p>07/18/18 -Sertraline (anti-depressant) 50mg - take once daily.</p> <p>Review on 02/11/19 of client #7's November 2018 thru Febrary 2019 MARs revealed the following blanks or omissions: February 2019 -Intuniv- Staff initials to indicate administration daily without blood pressure checks 02/01/19 thru 02/11/19.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20140057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
--	--

(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 118	<p>Continued From page 20</p> <p>January 2019 -Intuniv- Staff initials to indicate administration daily without blood pressure checks 01/23/19 thru 01/27/19 and 01/30/19 thru 01/31/19. -Sertraline - (blanks) 01/08/19, 01/16/19 and 01/22/19.</p> <p>During interview on 02/11/19 client #7 stated he received his medications as ordered.</p> <p>Finding #8: Review on 02/11/19 of client #8's record revealed: -14 year old male. -Admission date of 06/25/18. -Diagnoses of Post Traumatic Stress Disorder, Oppositional Defiant Disorder, Autistic Spectrum Disorder, Attention Deficit Hyperactivity Disorder.</p> <p>Review on 02/12/19 of client #8's Physician's Orders revealed: 06/25/18 -Guanfacine HCL ER 4mg Give 1 tablet by mouth each morning for impulsivity. 02/04/19 -Seroquel XR 300mg by mouth at 1800 (6:00pm).</p> <p>Review on 02/11/19 of client #8's December 2018, January 2019 and February 2019 MAR's revealed the following blanks: -Guanfacine HCL ER 4mg-12/24/18, 01/08/19, 01/17/19, 01/22/19, 02/04/19. -Seroquel XR 300mg-02/07/19.</p> <p>During interview on 02/12/19 client #8 revealed: -He received his medication daily and he had never missed any of his medication.</p> <p>Finding #9: Review on 2/11/19 of client #9's record revealed: -13 year old male.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20140057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
--	--

(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 118	<p>Continued From page 21</p> <p>-Admission date of 7/27/18. -Diagnoses included Disruptive Mood Dysregulation Disorder, rule out Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, by history, and Vitamin D Deficiency.</p> <p>Review on 2/12/19 of client #9's signed Physicians' orders revealed: 7/28/18 -Vitamin D 50000 units, one tablet every Friday. 11/6/18 -Seroquel XR (antipsychotic) 300mg, one tablet at 6:00 pm.</p> <p>Review on 2/11/19 of client #9's MARs for December 2018 - February 2019 revealed the following blanks or omissions: February 2019 -Seroquel 2/4/19.</p> <p>January 2019 -Seroquel 1/8/19, 1/16/19, 1/22/19, and 1/27/19.</p> <p>December 2018 -Seroquel 12/19/18, 12/20/18 and 12/29/18. -Vitamin D 12/7/18 and 12/14/18.</p> <p>No documented explanations for the blanks or omissions.</p> <p>During interview on 2/12/19 client #9 stated he took his medications daily but sometimes refused his melatonin.</p> <p>During interview on 2/13/19 the Director of Quality, Compliance and Risk Management stated she understood the requirement for medications to be administered as ordered and for the MAR to be kept current. Staff would be re-trained immediately.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20140057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
--	--

(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 118	Continued From page 22 Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a clean, attractive and orderly manner. The findings are: Observation on 02/11/19 at approximately 11:30am revealed: -Room 101 had soiled carpet throughout the room and a sheet was on the floor in front of the shower to absorb water. Bathroom was unkept and not clean. -Room 105 water was on the bathroom floor as well as locks of hair and was unkept and not clean. -The carpet was frayed approximately 12 inches at the doorway of room 107. -Room 108 had a soiled sheet on the floor in front of the shower to absorb water. -Room 109 had black, mildew like stains inside and around the outside of the shower stall. -Trash on the floor in the 200 hall.	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20140057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
--	--

(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 736	<p>Continued From page 23</p> <ul style="list-style-type: none"> -Room 201 had a plastic curtain as the bathroom door and several grommets were broken and/or missing in the curtain and sheets and blankets were on the floor in front of the shower to absorb water. -Room 202 had wet sheets and towels on the floor in front of the shower. The bathroom paint was scuffed and peeling. -Room 203 had sheets on the floor in front of the shower to absorb water. Only two grommets were holding the shower curtain in place. -Room 204 had wet towels on the floor in front of the shower. -Room 205 shower curtain was missing several grommets to hold the curtain in place. -Room 206 an approximately 3 inch by 2 inch area of floor vinyl was missing at the corner of the shower. -Room 207 had debris and trash all over floor and the carpet was soiled. -A strong, sour odor upon entrance to the 300 hall. -Room 300 had dirty towels on the floor in front of the shower. The shower had a large cracked area under the faucet area. -Room 303 had dirty and soiled carpet. Feces were smeared on the floor next to the toilet and urine was in the toilet and on the toilet seat. The carpet was frayed approximately 8 inches at the bedroom door. -Room 305 had damage to the wall beside the toilet. Purple stains to the bedroom ceiling. -Room 307 had heavily soiled carpet; pink stains to the bathroom sink; green stains on the bedroom ceiling; and orange matter and stains on the bedroom wall by the door. -Room 308 had soiled carpet with debris on the floor. Small patch of drywall was missing along the top right corner of door, extending approximately 12" in length. There were white 	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20140057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
--	--

(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 736	<p>Continued From page 24</p> <p>stains covering bathroom sink and walls. Shower handle was missing and door handle to entrance of room was missing. Urine was in toilet and on toilet seat.</p> <p>-Hall 400 entrance had a piece of wood covering the glass area of the door.</p> <p>-Room 400 had a white substance covering the walls around a bed and the walls appeared to be dirty.</p> <p>-Room 403 had a white substance on the walls. The walls were very dirty and had writings and drawings on the walls.</p> <p>-Room 404 had a white substance covering the walls and green tennis ball sized stains on the ceiling. Bathroom was disheveled. A portion of the floor vinyl in the bathroom wall at the shower was pulled away from the wall and exposing what appeared to be rotted wood; purple stains on the bathroom counter; wet towels on the bathroom floor in front of the shower.</p> <p>-Room 405 the walls were dirty throughout the room and had writings on the walls. The bathroom was locked with no access. Once inside the bathroom the toilet was full of feces and urine and the shower had a large hole exposing wood and insulation. The carpet was frayed approximately 12 inches wide in the doorway.</p> <p>-Room 406 had a white substance on the walls.</p> <p>-Room 408 had frayed carpet across the entire width of the doorway.</p> <p>During interview on 2/11/19 the Milieu Manager stated the white substance on the bedroom walls was most likely toothpaste used by the clients to hang pictures on the walls.</p> <p>Interview on 02/13/19 the Director of Quality, Compliance and Risk Management stated she had no questions regarding facility items</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20140057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STRATEGIC BEHAVIORAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
--	--

(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 736	Continued From page 25 discussed at exit of the survey.	V 736		