T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				
		A. BUILDING:			
	MHL058-022	B. WING			
ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE		
ESIDENTIAL					
		-			
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
INITIAL COMMENT	ſS	V 000			JLD BE COMPLE
category: 10A NCA	C 27G .1700 Residential				
27G .0209 (C) Med	ication Requirements	V 118			
REQUIREMENTS (c) Medication admi (1) Prescription or r only be administere order of a person at drugs. (2) Medications sha clients only when at client's physician. (3) Medications, inc administered only b unlicensed persons pharmacist or other privileged to prepar (4) A Medication Ad all drugs administer current. Medications recorded immediate MAR is to include th (A) client's name; (B) name, strength, (C) instructions for a (D) date and time th (E) name or initials drug. (5) Client requests the	inistration: non-prescription drugs shall ed 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 trained by a registered nurse, legally qualified person and e and administer medications. Iministration Record (MAR) of red to each client must be kept s administered shall be ely after administration. The ne following: and quantity of the drug; administering the drug; ne drug is administering the for medication changes or				
	ROVIDER OR SUPPLIER ESIDENTIAL SUMMARY STA (EACH DEFICIENCY REGULATORY OR LA INITIAL COMMENT An annual and follo on April 17, 2019. If This facility is licens category: 10A NCA Treatment Staff Sec Adolescents 27G .0209 (C) Med 10A NCAC 27G .02 REQUIREMENTS (c) Medication adm (1) Prescription or r only be administered order of a person a drugs. (2) Medications sha client's physician. (3) Medications, inc administered only b unlicensed persons pharmacist or other privileged to prepar (4) A Medication Ada all drugs administer current. Medication recorded immediate MAR is to include th (A) client's name; (B) name, strength, (C) instructions for (D) date and time th (E) name or initials drug. (5) Client requests	DF CORRECTION IDENTIFICATION NUMBER: MHL058-022 ROVIDER OR SUPPLIER STREET AI ESIDENTIAL 105 ROB WILLIAM SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual and follow up survey was completed on April 17, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure For Children or Adolescents 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. (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;	DF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	DF CORRECTION DENTIFICATION NUMBER: A. BUILDING: MHL058-022 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ESIDENTIAL 105 ROBERSON DRIVE WILLIAMSTON, NC 27892 PROVIDER'S PLAN OF (EACH DERICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PID PREFIX INITIAL COMMENTS V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on April 17, 2019. Deficiencies were cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure For Children or Adolescents V 118 27G .0209 (C) Medication Requirements V 118 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (C) Medications shall be self-administerion: (1) Prescription or non-prescription drugs shall only be administeration administration: (2) Medications, including injections, shall be administered to a client on the written order of a person authorized by law to prescribe drugs. V 118 (3) Medications, including injections, shall be administered on by by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer definition: (A) Administered to each client must be kept current. Medications administering the drug; (C) instructions for administering the drug; (C) neducation for administering the drug; (C) neducation for administering the drug; (C) networks administered shall be recorded immediately after administered; and (E) name, strength, and quantity of the drug; (C) Dida	OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: COM MHL058-022 B.WING 04/ ROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZIP CODE 04/ ESIDENTIAL 105 ROBERSON DRIVE PROVIDER'S PLAN OF CORRECTION WILLIAMSTON, NC 27892 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (RECULTIONY OR LSC DENTIFYING NFORMATION) PRETX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION AND SHOULD BE TAG INITIAL COMMENTS V 000 PRETX V 000 CROSS-REFERENCES An annual and follow up survey was completed on April 17, 2019. Deficiencies were cited. V 000 DEFICIENCY) This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure For Children or Addlescents V 118 27G .0209 (C) Medication Requirements V 118 10A NCAC 27G .0209 MEDICATION REGULREMENTS V 118 (c) Medication administration: (c) Medications, including injections, shall be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medication Administration Record (MAR) of all drugs administered by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medications for duministration. The MAR is to include the following: (b) date and time the drug is administering the drug. (b) Cl

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
		MHL058-022	B. WING			R 17/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	RESIDENTIAL					
			ISTON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pa	ge 1	V 118			
	with a physician.					
	failed to ensure me on physician orders medication was sel authorized by a phy	et as evidenced by: view and interview the facility dications were administered a for 2 of 3 clients (#1 & #3); a f administered when vsician & MARs was kept udited clients (#3). The				
	admitted to thediagnoses of D	of client #1's record revealed: facility on 4/1/19 isruptive Mood Disorder; peractivity Disorder and				
	 admitted to the diagnoses of P 	of client #3's record revealed: facility on 10/16/17 ost Traumatic Stress Disorder nt Disorder and Mild r				
	administered withou - Aripiprazole 10 schizophrenia, bipo - Clonidine 1mg treat high blood pre	mg morning (can treat lar and depression) in the morning & bedtime (can				
	reported:	4/17/19 the Licensee dmitted to the facility without				

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If continuation sheet 2 of 9

	of Health Service Re			CONSTRUCTION		
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMPI	
		MHL058-022	B. WING		R 04/1	7/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
AMANI R	RESIDENTIAL		ERSON DRIVE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 2	V 118			
	 the pharmacy of for the medications will reach out to 					
	4/17/19 by the Qua	made to the physician on lified Professional (QP). The ere faxed to the facility.				
	B. The following is current:	example of MARs not kept				
	bedroom revealed t - a prescription n apply at bedtime	6/19 at 7:42pm in client #3's the following: nedication "retina gel for acne" was on the dresser				
	Review on 4/17/19 the retina gel was n	of April 2019 MAR revealed oot on the MAR				
	reported: - the MARs are t - he and the QP - he (Licensee) v an acne medication	4/17/19 the Licensee ranscribed by the QP reviewed the MARs vas not aware client #3 was or clients to their medical	1			
	 the medication if the medicatio 	4/17/19 the QP reported: was not on the MAR n was not on the MAR he it was administered				
	C. The following is medication was sel	an example of how a f administered:				
inion of LL		4/16/19 client #3 reported: retina gel whenever he needeo	1			

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If continuation sheet 3 of 9

Division of Health Service Re STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		A. BUILDING:			
	MHL058-022	B. WING			R 17/2019
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
AMANI RESIDENTIAL		ERSON DRIVE STON, NC 27			
()())	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLETI DATE
V 118 Continued From pa	age 3	V 118			
- he kept the me	dication in his bedroom				
	1 4/16/19 staff #1 reported:				
- he was not awa #3's bedroom	are the retina gel was in client				
	e not allowed in client's				
bedrooms					
- the client could	overuse the medication				
	4/17/19 the Qualified				
Professional report	ed: client #3 kept the medication in				
his bedroom					
	he used at bedtime for acne				
	If administer physician order inister the medication				
This deficiency co	nstitutes a recited deficiency				
	cted within 30 days.]				
V 120 27G .0209 (E) Med	lication Requirements	V 120			
10A NCAC 27G .02	209 MEDICATION				
REQUIREMENTS (e) Medication Stor					
(1) All medication s					
(A) in a securely lo	cked cabinet in a clean,				
	ted room between 59 degrees				
and 86 degrees Fa	r, if required, between 36				
	grees Fahrenheit. If the				
	for food items, medications				
shall be kept in a so or container;	eparate, locked compartment				
(C) separately for e	each client;				
(D) separately for e	external and internal use;				
	nner if approved by a physician				
for a client to self-n (2) Each facility tha	nedicate. It maintains stocks of				

Division of Health Service Regulation STATE FORM

GY9011

If continuation sheet 4 of 9

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	or contraction	DENTIFICATION NOMBER.	A. BUILDING:			
		MHL058-022	B. WING			R 17/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	RESIDENTIAL		BERSON DRIV			
	1		ISTON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 120	Continued From pa	ge 4	V 120			
	registered under the	es shall be currently e North Carolina Controlled S. 90, Article 5, including any ments.				
	the facility failed to	on, record review & interview ensure medication was one of three audited clients				
	 admitted to the diagnoses of P 	of client #3's record revealed: facility on 10/16/17 ost Traumatic Stress Disorder nt Disorder and Mild r				
	bedroom revealed t - a prescription n apply at bedtime	6/19 at 7:42pm in client #3's the following: nedication "retina gel for acne' was on the dresser	"			
	- he applied the needed it	4/16/19 client #3 reported: medication whenever he dication in his bedroom				
	During interview on - he was not awa client #3's bedroom - medications are bedrooms	4/16/19 staff #1 reported: are the medication was in				
	Professional report	4/17/19 the Qualified ed: client #3 kept the medication ir				

STATE FORM

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If continuation sheet 5 of 9

Division o	f Health Service Re	aulation			FORM	APPROVED
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL058-022	B. WING		F 04/1	7/2019
NAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
AMANI RE	SIDENTIAL		ERSON DRIV STON, NC 27			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
V 120 (Continued From pag	ge 5	V 120			
 - 		he used at bedtime for acne f administer physician order				
V 121 2	27G .0209 (F) Medi	cation Requirements	V 121			
F (((((((((((((((((((governing body or o for obtaining a revie regimen at least ever shall be to be perfor physician. The on-s the client's physician the review when me (2) The findings of t	<i>w</i> : ives psychotropic drugs, the operator shall be responsible w of each client's drug ery six months. The review rmed by a pharmacist or ite manager shall assure that n is informed of the results of edical intervention is indicated. he drug regimen review shall client record along with				
f r	ailed to ensure 2 of reviews every six m	view and interview the facility 3 clients (#2 & #3) had drug onths. The findings are:				
	 admitted on 7/1 diagnoses of Di a physician orde Quetiapine 200mg b schizophrenia & dep 	sruptive Mood Dysregulation er dated 10/30/17 & 4/13/18: bedtime (can treat bipolar,				
-		of client #3's record revealed: facility on 10/16/17				

Division of Health Service Regulation STATE FORM

Division	of Health Service Re	egulation			FORM	APPROVED
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL058-022	B. WING			R 1 7/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
AMANI F	RESIDENTIAL		ERSON DRIVE STON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC ¹	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 121	Continued From pa	ge 6	V 121			
	Oppositional Defiar Intellectual Disorde - no documentat Review on 4/17/19 #3 revealed: - (physician orde everyday (can treat Benztropine 1mg eveffects of certain ps - (physician orde 1/2am & 1pm (can irritability caused by During interview on Professional & Lice	r ion of a drug regimen of physician orders for client rs 5/30/18) Divalproex 250mg bipolar disorders) & veryday (used to treat side sychiatric drugs) r 4/17/18) Risperidone 1mg treat bipolar, schizophrenia & r autism) 4/17/19 the Qualified nsee reported: ware drug reviews had to be ts on psychotropic				
V 296	Staffing 10A NCAC 27G .17 REQUIREMENTS (a) A qualified profi- telephone or page. able to reach the fa- times. (b) The minimum r required when child present and awake (1) two direct one, two, three or fo	essional shall be available by A direct care staff shall be cility within 30 minutes at all number of direct care staff Iren or adolescents are is as follows: care staff shall be present for our children or adolescents; ct care staff shall be present	V 296			

STATEME	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		MHL058-022	B. WING			R 17/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	•	
AMANI F	RESIDENTIAL		RSON DRIVI			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 296	Continued From pa	ige 7	V 296			
	nine, ten, eleven or adolescents. (c) The minimum r during child or adol follows: (1) two direct and one shall be av children or adolesc (2) two direct and both shall be a children or adolesc (3) three direct of which two shall be asleep for nine, ten adolescents. (d) In addition to the care staff set forth Rule, more direct c the facility based on individual needs as plan. (e) Each facility sh supervision of child are away from the facility needs as specified This Rule is not me Based on observat interview the facility	number of direct care staff escent sleep hours is as care staff shall be present wake for one through four ents; care staff shall be present wake for five through eight ents; and ct care staff shall be present be awake and the third may be , eleven or twelve children or me minimum number of direct in Paragraphs (a)-(c) of this are staff shall be required in n the child or adolescent's specified in the treatment all be responsible for ensuring ren or adolescents when they facility in accordance with the s individual strengths and in the treatment plan.				

OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			(X3) DATE	E SURVEY PLETED
OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:			
	MHL058-022	B. WING			R 17/2019
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S ⁻	TATE, ZIP CODE		
ESIDENTIAL					
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
			DEFICIENC	CY)	
Review on 4/17/19 - admitted to the - diagnoses of D Attention Deficit Hy Conduct Disorder - a treatment pla documentation one Observation on 4/1 revealed the Licens facility During interview on reported: - one staff could	of client #1's record revealed: facility on 4/1/19 hisruptive Mood Disorder; peractivity Disorder and an dated 3/28/19 revealed no e staff could transport 7/19 approximately 1:16pm see & client #1 arrive at the a 4/17/19 the Licensee transport clients				
	ROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENC' REGULATORY OR L Continued From pa Review on 4/17/19 - admitted to the - diagnoses of D Attention Deficit Hy Conduct Disorder - a treatment pla documentation on 4/1 revealed the Licens facility During interview on reported: - one staff could	OF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL058-022 ROVIDER OR SUPPLIER STREET A 105 ROE WILLIAM SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 8 Review on 4/17/19 of client #1's record revealed: - admitted to the facility on 4/1/19 - diagnoses of Disruptive Mood Disorder; Attention Deficit Hyperactivity Disorder and Conduct Disorder - a treatment plan dated 3/28/19 revealed no documentation one staff could transport Observation on 4/17/19 approximately 1:16pm revealed the Licensee & client #1 arrive at the facility During interview on 4/17/19 the Licensee reported: - one staff could transport clients	OF DEFICIENCIES OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:(X2) MULTIPLE A. BUILDING: B. WINGMHL058-022B. WINGROVIDER OR SUPPLIERSTREET ADDRESS, CITY, SSIDENTIAL105 ROBERSON DRIVI WILLIAMSTON, NC 27SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)ID PREFIX TAGContinued From page 8V 296Review on 4/17/19 of client #1's record revealed: - admitted to the facility on 4/1/19 - diagnoses of Disruptive Mood Disorder; Attention Deficit Hyperactivity Disorder and Conduct Disorder - a treatment plan dated 3/28/19 revealed no documentation one staff could transportV 296Observation on 4/17/19 approximately 1:16pm revealed the Licensee & client #1 arrive at the facilityJuring interview on 4/17/19 the Licensee reported: - one staff could transport clientsJuring interview on 4/17/19 the Licensee reported: - one staff could transport clientsJuring interview on 4/17/19 the Licensee reported:	COF DEFICIENCIES PF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING:	Image: Construction of Deficiencies of Deficiency MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Image: Construction of Deficiencies of Deficience of D