	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:			R
		mhl092-576	B. WING			к 17/2019
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
INITED	FAMILY NETWORK A	T WILLOW SPRIN				
(X4) ID	SUMMARY STA		I SPRINGS, NO	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	COMPLET DATE
V 000	INITIAL COMMEN	TS	V 000			
	An annual and follow up survey was completed on 04-17-19. Deficiencies were cited.					
	category 10A NCA	sed for the following service C 27G .1700 Residential cure for Children or				
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114			
	AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved b authority. (b) The plan shall b and evacuation pro posted in the facility (c) Fire and disaster shall be held at lease repeated for each s under conditions th	207 EMERGENCY PLANS an for each facility and plan shall be developed and by the appropriate local be made available to all staff ocedures and routes shall be y. er drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies. all have basic first aid supplies				
	facility failed to ass completed at least each shift. The find Review on 04-16-19 between January-A -No disaster dr	eview and interviews, the ure disaster drills were quarterly and repeated for lings are: 9 of the facility's records				

	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
	mhl092-576	B. WING			R 17/2019
PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
FAMILY NETWORK A	T WILLOW SPRIN				
SUMMARY STA		-		ORRECTION	(X5)
(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH	N SHOULD BE E APPROPRIATE	COMPLET
Continued From pa	ige 1	V 114			
7:00am-3:00pm, 2r	nd shift = 3:00pm-11:00pm and				
Professional/Director stated -Drills were completed every two weeks on					
-Disaster drill lo	ogs should have been in the				
-Didn't bring pa interview					
27G .0209 (C) Med	lication Requirements	V 118			
REQUIREMENTS					
(1) Prescription or r only be administere order of a person a	non-prescription drugs shall ed to a client on the written				
(2) Medications sha clients only when a client's physician.	uthorized in writing by the				
administered only b unlicensed persons	by licensed persons, or by strained by a registered nurse,				
privileged to prepar (4) A Medication Ad	e and administer medications. Iministration Record (MAR) of				
	OF CORRECTION PROVIDER OR SUPPLIER FAMILY NETWORK A SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa operate the group f 7:00am-3:00pm, 2r 3rd shift = 11:00pm During an interview she had not comple During an interview Professional/Direct -Drills were cor pay day -Disaster drill lo book -Didn't bring pa interview -If he had addit respond in the "reb deficiencies 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, inc administered only b unlicensed persons pharmacist or other privileged to prepar (4) A Medication Ac	OF CORRECTION IDENTIFICATION NUMBER: mhl092-576 STREET AD PROVIDER OR SUPPLIER STREET AD FAMILY NETWORK AT WILLOW SPRIN 9609 KEN SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 Operate the group home: 1st shift = 7:00am-3:00pm, 2nd shift = 3:00pm-11:00pm and 3rd shift = 11:00pm-7:00am. During an interview on 04-17-19, staff #3 reported she had not completed disaster drills. During an interview on 04-17-19, Qualified Professional/Director stated -Drills were completed every two weeks on pay day -Disaster drill logs should have been in the book Oldn't bring paperwork at the time of the interview If he had additional information he would respond in the "rebuttal" to statement of deficiencies 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 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.	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	OF CORRECTION IDENTIFICATION NUMBER: mh1092-576 A. BUILDING: B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9609 KEINEEBEC ROAD WILLOW SPRINGS, NC 27592 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WILE BE PRECIDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREVIDER'S PLAN OF CC (EACH DEFICIENCY WILE BE PRECIDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CC (EACH DEFICIENCY WILE BE PRECIDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 V 114 operate the group home: 1st shift = 7:00am.3:00pm, 2nd shift = 3:00pm-11:00pm and 3rd shift = 11:00pm-7:00am. V 114 During an interview on 04-17-19, staff #3 reported she had not completed disaster drills. V 114 During an interview on 04-17-19, Qualified Professional/Director stated -Drills were completed every two weeks on pay day -Disaster drill logs should have been in the book -Didn't bring paperwork at the time of the interview -If he had additional information he would respond in the "rebuttal" to statement of deficiencies V 118 27G .0209 (C) Medication Requirements (C) Medication administration: (1) Prescription or non-prescription drugs shall only be administret on a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients physician. (3) Medications, including injections, shall be administered on by by licensed persons, or by unilcensed persons, including injections, shall be administered on the written orkiced to prepare and administer medications. (4) A Medication Administration Record (MAR) of	OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: COM mh092-576 B. WING 04/ PROVIDER OR SUPPLER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION SHOULD BE MEDICINOW SPRINGS, NC 27592 SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL ID PREFX CACH CORRECTIVE ATON SHOULD BE CORRECTION SHOULD BE CORRECTIVE ATON SHOULD BE TO TAG Continued From page 1 V 114 PROVIDER'S PLAN OF CORRECTIVE ATON SHOULD BE TO TAG COMSS-REFERENCE TO THE APPROPRIATE DEFICIENCY Continued From page 1 V 114 V 114 COMSS-REFERENCE TO THE APPROPRIATE DEFICIENCY During an interview on 04-17-19, Staff #3 reported she had not completed disaster drills. V 114 DEFICIENCY During an interview on 04-17-19, Qualified Protessional/Director stated V 118 EXEMPTION -70 Dars were completed every two weeks on pay day -Disaster drill logs should have been in the book -Dirin's were completed every two weeks on pay day -Disaster drill ogs should have been in the trocker V 118 IDA NCAC 27G .0209 MEDICATION REQUIREMENTS (C) Medication Requirements V 118 V 118 IDA NCAC 27G .0209 MEDICATION CARGE and antinistered by clients only white shysician. (2) Medication shall

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		mhl092-576	B. WING			R 17/2019
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	FAMILY NETWORK A	T WILLOW SPRIN 9609 KE	NNEBEC ROA	D		
NITED		WILLOW SPRIN WILLOW	I SPRINGS, NO	27592		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y 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 HE APPROPRIATE	(X5) COMPLE DATE
V 118	Continued From pa	age 2	V 118			
	MAR is to include t (A) client's name; (B) name, strength (C) instructions for (D) date and time t (E) name or initials drug. (5) Client requests checks shall be red	ely after administration. The he following: , and quantity of the drug; administering the drug; he drug is administered; and of person administering the for medication changes or corded and kept with the MAR appointment or consultation				
	Based on observation interview, the facility were available to a	et as evidenced by: ion, record review and ty failed to assure medications dminister as well as assure the rent for one of four clients (#1).	e			
	revealed: -Admitted: 02-0 -Diagnoses: Al Hyperactivity Disor	9 of client #1's record 08-18 DHD (Attention Deficit der), Conduct disorder and her mental disorders				
	10 mg tablet one ir system stimulant u -Medication co beginning amount tab (tablet)ending -April 2019 MA	er dated 01-28-19 Focalin XR a the morning (central nervous sed to treat ADHD). unt sheet listed "04-13-19 1Time: 7 AMDose given 1 g amount 0" R listed Focalin was 2th only. No evidience Focalin				

NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE	SURVEY
		A. BUILDING:		COM	PLETED
mhl092-576		B. WING		R 04/17/2019	
PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	509 KEN 9609 KEN	NEBEC ROA	D		
FAMILT NETWORK A	WILLOW SPRIN WILLOW	SPRINGS, NO	27592		
(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTIO	N SHOULD BE	(X5) COMPLETI DATE
Continued From pa	ge 3	V 118			
was administered 1	3th-15th.				
Observation on 04-15-19 at approximately 2:00pm of client #1's medication revealed no Focalin.					
During interview on 04-15-19, staff #1 reported client #1 was: -On a home visit 04-12-19 to 04-14-19 -Given the last dose of Focalin the morning of 04-15-19					
the Physician's offic -On 04-15-19, 1 emergency supply	ce reported: the group home called for an of Focalin. A four day supply				
interviews and docu as medication coun determined if client	umentation on the MAR as wel It sheet, it could not be #1 received Focalin as				
mg one tablet daily -February-April	(antidepressant) 2019 MARs listed no initials				
-Client #1's gua to take the medicat client #1 needed th was not discontinue obtained from the g	ardian refused to sign for him ion. The physician indicated e medication and therefore, it ed. No documentation was juardian that she did not want				
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa was administered 1 Observation on 04- 2:00pm of client #1 Focalin. During interview on client #1 was: -On a home vis -Given the last 04-15-19 During interview on -Facility had ne Interview on 04-16- the Physician's offic -On 04-15-19, f emergency supply of was prescribed unt Note: Due to the co interviews and doct as medication court determined if client ordered by the phys B. Physician's orde mg one tablet daily -February-April to indicate Celexa of During interview on -Client #1's gua to take the medicatt client #1 needed th was not discontinue obtained from the g	FAMILY NETWORK AT WILLOW SPRIN WILLOW SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Image: Continued From page 3 Continued From page 3 was administered 13th-15th. Observation on 04-15-19 at approximately 2:00pm of client #1's medication revealed no Focalin. During interview on 04-15-19, staff #1 reported client #1 was: -On a home visit 04-12-19 to 04-14-19 -Given the last dose of Focalin the morning of 04-15-19 During interview on 04-16-19, client #1 reported: -Facility had never ran out of his medication Interview on 04-16-19, the Medication Assistant at the Physician's office reported: -On 04-15-19, the group home called for an emergency supply of Focalin. A four day supply was prescribed until his appointment on 04-18-19 Note: Due to the conflicting information from interviews and documentation on the MAR as wel as medication count sheet, it could not be determined if client #1 received Focalin as ordered by the physician. B. Physician's order dated 01-03-19 Celexa 10 mg one tablet daily (antidepressant) -February-April 2019 MARs listed no initials to indicate Celexa was administered During interview on 04-16-19, staff #2 reported: -Client #1's guardian refused to sign for him to take the medication. The physician indicated client #1 needed the medication and therefore, it was not discontinued. No documentation was obtained from the guardian that she did not want the client to receive the medication. However, the guardian would be able to clarify her intent via	FAMILY NETWORK AT WILLOW SPRIN WILLOW SPRINGS, NO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 3 V 118 was administered 13th-15th. Observation on 04-15-19 at approximately 2:00pm of client #1's medication revealed no Focalin. V 118 During interview on 04-15-19, staff #1 reported client #1 was: -On a home visit 04-12-19 to 04-14-19 -Given the last dose of Focalin the morning of 04-15-19 Interview on 04-16-19, client #1 reported: -Facility had never ran out of his medication Interview on 04-16-19, the Medication Assistant at the Physician's office reported: -On 04-15-19, the group home called for an emergency supply of Focalin. A four day supply was prescribed until his appointment on 04-18-19 Note: Due to the conflicting information from interviews and documentation on the MAR as well as medication count sheet, it could not be determined if client #1 received Focalin as ordered by the physician. B. Physician's order dated 01-03-19 Celexa 10 mg one tablet daily (antidepressant) -February-April 2019 MARs listed no initials to indicate Celexa was administered During interview on 04-16-19, staff #2 reported: -Client #1's guardian refused to sign for him to take the medication. The physician indicated client #1 needed the medication and therefore, it was not discontinued. No documentation was obtained from the guardian tast be did not want the client to receive the medication. However, the guardian would be able to clarify her intent via	FAMILY NETWORK AT WILLOW SPRIN WILLOW SPRINGS, NC 27592 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) Continued From page 3 was administered 13th-15th. V 118 PREFIX CROSS-REFERENCED TO THE DEFICIENCY) Continued From page 3 was administered 13th-15th. V 118 V 118 Observation on 04-15-19 at approximately 2:00pm of client #1's medication revealed no Focalin. V 118 PREFIX CROSS-REFERENCED TO THE DEFICIENCY) During interview on 04-15-19, staff #1 reported client #1 was: -On a home visit 04-12-19 to 04-14-19 -Given the last dose of Focalin the morning of 04-15-19 ID Uring interview on 04-16-19, client #1 reported: -Facility had never ran out of his medication Interview in 04-16-19, the Medication Assistant at the Physician's office reported: -On 04-15-19, the group home called for an emergency supply of Focalin. A four day supply was prescribed until his appointment on 04-18-19 Note: Due to the conflicting information from interviews and documentation on the MAR as well as medication count sheet, it could not be determined if client #1 received Focalin as ordered by the physician. B. 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He physician indicated client #1'needed the medication. However, the guardian would be able to clarify her intent via

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COM	SURVEY PLETED
		mhl092-576	B. WING		R 04/17/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	FAMILY NETWORK A	T WILLOW SPRIN 9609 KE	NNEBEC ROA	D		
UNITED		WILLOW SPRIN WILLOW	SPRINGS, NO	27592		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From pa	age 4	V 118			
	telephone contact					
	Several unsuccessful attempts were made to contact the guardian.					
	the company used -MARs for the f on current physicia -Celexa remain orders per their rec - 28 day supply dispensed to the fa 2018, when the firs C. Physician's orde Seroquel 50 mg on (psychotropic). A se 10-28-18 listed Ser	ned an active physician's				
	no initials Seroquel	50 mg was administered. vas initialed as administered				
	-He may have to discontinue	04-16-19, staff #2 reported: forgotten to obtain phyisician's e medication so the pharmacy quel 50 mg from the MAR.				
	the company used -Seroquel 50 m physician's order po -Since October separate bubble pa	[.] 2018-present date, two ickets (50 mg and 100 mg) Seroquel had been dispensed				
ivision of H	Professional/Direct	any records to this interview or				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COM	E SURVEY PLETED R
		mhl092-576		WING		17/2019
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	FAMILY NETWORK A	T WILLOW SPRIN	NNEBEC ROA / SPRINGS, NO			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	HE APPROPRIATE	COMPLE DATE
V 118	Continued From pa	ige 5	V 118			
	information regardi -Would provide	to provide any additional ng medication requirements any "rebuttal" to information ent of deficiencies report with on response				
V 293	27G .1701 Resider	itial Tx. Child/Adol - Scope	V 293			
	children or adolesc free-standing reside intensive, active the interventions within shall not be the prir who is not a client of (b) Staff secure me awake during client shall be continuous this Section.	eatment staff secure facility for ents is one that is a ential facility that provides erapeutic treatment and a system of care approach. I nary residence of an individua	t			
	adolescents who have mental illness, emo- substance-related of co-occurring disord disabilities. These not meet criteria for (d) The children or require the following (1) removal f community-based r	ave a primary diagnosis of otional disturbance or disorders; and may also have lers including developmental children or adolescents shall r inpatient psychiatric services adolescents served shall g: rom home to a residential setting in order to				
	(e) Services shall t (1) include in structure of daily liv	in a staff secure setting. be designed to: dividualized supervision and ring; the occurrence of behaviors				

If continuation sheet 6 of 13

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IDEINTI IOATION NOWDER.	A. BUILDING: _			
		mhl092-576	B. WING			R 17/2019
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, SI	TATE, ZIP CODE		
		9609 KE	NNEBEC ROA			
NIIEDI	FAMILY NETWORK A	AT WILLOW SPRIN WILLOW	SPRINGS, NC	27592		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLE DATE
V 293	Continued From pa	age 6	V 293			
	(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;					
	acquisition of adap	e child or adolescent in the tive functioning in self-control, icial and recreational skills; and	1			
	(5) support the gaining the skills not	he child or adolescent in edded to step-down to a less				
	shall coordinate with	treatment staff secure facility th other individuals and				
	agencies within the of care.	e child or adolescent's system				
	This Rule is not m	et as evidenced by:				
	Based on observat interview, the facilit	ion, record review and ty failed to coordinate with nin one of four client's (#1)'s				
	Review on 04-15-1 revealed: -Admitted: 02-0	9 of client #1's record 08-18				
	-Diagnoses: Al Hyperactivity Disor Insomnia due to ot	DHD (Attention Deficit der), Conduct disorder and her mental disorders				
	daily (antidepressa	ders Celexa 10 mg one tablet nt) dated 01-03-19 and Focalir ne morning (central nervous	n			
		sed to treat ADHD) dated 01-				

STATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED	
		mhl092-576	B. WING	0		R)4/17/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE. ZIP CODE			
		9609 KE					
UNITED	FAMILY NETWORK A	T WILLOW SPRIN	SPRINGS, NO				
(X4) ID			ID	PROVIDER'S PLAN OF COF		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLET DATE	
V 293	Continued From pa	age 7	V 293				
	28-19.						
	Observation on 04-	-15-19 at approximately					
		's medication revealed no					
	Celexa or Focalin.						
		19, the Medical Assistant at					
	client #1's Physicia	n's office reported: ived psychiatric services at					
	their agency.	ived psychiatric services at					
		2018, he was prescribed					
		refills provided at his 01-28-19	9				
	office visit.						
		his last visit. Per notes from					
		he Celexa had been put on ian was able to attend his next	+				
		ment in February, 2019.					
		pointment was missed and no	t				
	rescheduled until 0						
		the group home called for an					
		of Focalin. A four day supply il his appointment on 04-18-19)				
	Several unsuccess	ful attempts were made to					
	contact client #1's	guardian.					
	During interview on	1 04-17-19, client #1's care					
	coordinator reporte						
		2018, she initiated contact with	1				
		his new care coordinator hy had contact with group					
		mom was not available until					
	February.						
	-She had partic	cipated in monthly Child Family	/				
		neetings since January 2019.					
		nded at least three meetings					
		terview, she was not aware of					
	by group home or t	ng Celexa, either in the CFT,					
		en aware of the issues with					
sion of H	ealth Service Regulation		ļi l				

Division of Health Service Regulation STATE FORM

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		mh1092-576	B. WING			R 17/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
JNITED	FAMILY NETWORK A	T WILLOW SPRIN	NEBEC ROA SPRINGS, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
V 293	Continued From pa	ge 8	V 293			
	immediate supervisi identify barriers with spoken with physici medications. During interview on Professional/Direct -Did not bring a paperwork -Was not able t information regardin -Would provide	have spoken with her sor for assistance, tried to in the Celexa for the mom and ian regarding alternative 04-17-19, the Qualified or reported he: any records to this interview or to provide any additional ing medication requirements any "rebuttal" to information ent of deficiencies report with				
	his plan of correction		V 296			
	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 fa (2) three direct for five, six, seven of adolescents; and (3) four direct nine, ten, eleven or adolescents. (c) The minimum r	essional shall be available by A direct care staff shall be icility within 30 minutes at all number of direct care staff fren or adolescents are is as follows: care staff shall be present for our children or adolescents; ct care staff shall be present or eight children or				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	of oortheorion	BENTI IO/TION NOMBER.	A. BUILDING:			
		mhl092-576	B. WING			R 17/2019
AME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	FAMILY NETWORK A	T WILLOW SPRIN	NNEBEC ROA V SPRINGS, NO			
(X4) ID		TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 296	Continued From pa	ige 9	V 296			
	and one shall be av children or adolesc (2) two direct and both shall be a children or adolesc (3) three dire of which two shall b asleep for nine, ten adolescents. (d) In addition to th care staff set forth i Rule, more direct c the facility based or individual needs as plan. (e) Each facility sh supervision of child are away from the facility of the facility sh supervision of child are away from the facility of the facility of the facility of the facility sh supervision of child are away from the facility of the facili	care staff shall be present wake for five through eight				
	interview, the facilit of children or adole from the facility in a adolescent's individ specified in the trea	et as evidenced by: ion, record review and y failed to ensure supervision scents when they are away accordance with the child or lual strengths and needs as atment plan. The findings are: 15-19 at 12:30pm revealed:				
	-2 vehicles pull behind each other	ed into the driveway directly				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		mh1092-576	B. WING		R 04/17/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
JNITED	FAMILY NETWORK A	T WILLOW SPRIN	NNEBEC ROA SPRINGS, NO			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF ((X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 296	Continued From pa	ge 10	V 296			
		rofessional/Director arrived at ents in a second car.				
	Review on 04-15-19 of client #1's record revealed:					
		-Admitted: 02-08-18 -Diagnoses: ADHD (Attention Deficit				
	Hyperactivity Disord	der), Conduct disorder and her mental disorders				
	-Age: 15					
	I reatment plar - 1:1 ratio when trans	n updated 03-29-19 revealed sported				
	revealed:	9 of client #2's record				
	-Admitted: 01-09-19 -Diagnoses: Conduct Disorder and Cannabis use Disorder					
	-Age: 15					
	1:1 ratio when trans	n updated 03-29-19 revealed sported				
	Review on 04-15-19 revealed:	9 of client #3's record				
	-Admitted: 09-1 -Diagnoses: AE	9-18)HD and Conduct Disorder				
	-Age: 16 - Treatment pla	n updated 09-18-18 revealed				
	1:1 ratio when trans					
	Review on 04-15-19 revealed:	9 of client #4's record				
		sruptive Mood Dysregulation				
	Disorder, ADHD an -Age: 14	-				
		n updated 03-13-19 no ments when client was away				

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION						E SURVEY PLETED	
		IDENTIFICATION NOMBER.	A. BUILDING:				
		mhl092-576	B. WING			R 04/17/2019	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
	FAMILY NETWORK A	T WILLOW SPRIN 9609 KE	NNEBEC ROA	D			
		WILLOW	I SPRINGS, NO	; 27592			
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 ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE	(X5) COMPLET DATE	
V 296	Continued From pa	ige 11	V 296				
	-Worked 3rd sh -Transported cl -Transported 2 main home or gym, other client in a sep During interview on - The clients we staff per managem - Worked 1st sl	clients from this home to the her coworker transported the parate car 04-16-19, staff #1 stated: ere in separate cars with 1					
	Professional/Direct -He had been in process -He interpreted "present and awake -He did not inter community -If he had addit respond in the "reb deficiencies compil Service Regulation	04-17-19, the Qualified or stated: nvolved in the rule making the rule to mean clients e" in the facility only erpret the rule to mean in the ional information he would uttal" to the statement of ed by Division of Health rere not available for review at					
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a saf	ty and Grounds Maintenance 303 LOCATION AND IREMENTS d its grounds shall be e, clean, attractive and orderly e kept free from offensive	V 736				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
	mhl092-576					04/17/2019
IAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
	FAMILY NETWORK A	T WILLOW SPRIN	NNEBEC ROAI SPRINGS, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 736	Continued From pa	ige 12	V 736			
	This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure group home was maintained in a safe manner. The findings are:					
	3:30pm revealed a	15-19 at approximately space heater located in the ient bedrooms and the living				
	Health Service Reg Consultant reported	04-17-19, the Division of gulation Construction d: over 3 clients could not have				
	04-17-19, two of the -Space heaters facility -One staff repo	between 04-16-19 and ree staff reported: s were used by staff at the rted, the space heaters had out the entire winter months				
	Professional/Direct	04-17-19, the Qualified or responded "okay" when building code, the space ermitted.				