

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl092-576	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/17/2019
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NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT WILLOW SPRING	STREET ADDRESS, CITY, STATE, ZIP CODE 9609 KENNEBEC ROAD WILLOW SPRINGS, NC 27592
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(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	INITIAL COMMENTS An annual and follow up survey was completed on 04-17-19. Deficiencies were cited. This facility is licensed for the following service category 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents	V 000		
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 interviews, the facility failed to assure disaster drills were completed at least quarterly and repeated for each shift. The findings are: Review on 04-16-19 of the facility's records between January-April 2019 revealed: -No disaster drills were completed -A blank log identified the following shifts to	V 114	V114 • Fire drills will be completed for each shift quarterly • Disaster drills will be completed for each shift quarterly • Documentation will be filed in Fire/Disaster drill notebook. • will be monitored by QP Simmons quarterly	4-17-19 Ongoing 4-17-19 Ongoing Ongoing

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

TITLE

(X6) DATE

STATE FORM

5GF711

If continuation sheet 1 of 13

RECEIVED

By DHRS-Mental Health Licensure at 2:12 pm, May 31, 2019

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V 114	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 -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 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. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be	V 118		

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V 118	<p>Continued From page 2</p> <p>recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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 observation, record review and interview, the facility failed to assure medications were available to administer as well as assure the MAR was kept current for one of four clients (#1). The findings are:</p> <p>Review on 04-15-19 of client #1's record revealed:</p> <p>-Admitted: 02-08-18</p> <p>-Diagnoses: ADHD (Attention Deficit Hyperactivity Disorder), Conduct disorder and Insomnia due to other mental disorders</p> <p>-Age: 15</p> <p>A. Physician's order dated 01-28-19 Focalin XR 10 mg tablet one in the morning (central nervous system stimulant used to treat ADHD).</p> <p>-Medication count sheet listed "04-13-19... beginning amount 1...Time: 7 AM...Dose given 1 tab (tablet)...ending amount 0"</p> <p>-April 2019 MAR listed Focalin was administered 1st-12th only. No evidence Focalin</p>	V 118	<p>V118</p> <p>Medications will be available in facility at time of administration.</p> <p>• Control medications will be ordered 4 days before client takes his last dose.</p> <p>• Medications released to guardian during therapeutic leave will be documented on the back of the medication administration record.</p>	<p>4/17/19 Ongoing</p> <p>4/17/19 Ongoing</p> <p>4/17/19 Ongoing</p>

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V 118	<p>Continued From page 3</p> <p>was administered 13th-15th.</p> <p>Observation on 04-15-19 at approximately 2:00pm of client #1's medication revealed no Focalin.</p> <p>During interview on 04-15-19, staff #1 reported client #1 was:</p> <ul style="list-style-type: none"> -On a home visit 04-12-19 to 04-14-19 -Given the last dose of Focalin the morning of 04-15-19 <p>During interview on 04-16-19, client #1 reported:</p> <ul style="list-style-type: none"> -Facility had never ran out of his medication <p>Interview on 04-16-19, the Medication Assistant at the Physician's office reported:</p> <ul style="list-style-type: none"> -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 <p>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.</p> <p>B. Physician's order dated 01-03-19 Celexa 10 mg one tablet daily (antidepressant)</p> <ul style="list-style-type: none"> -February-April 2019 MARs listed no initials to indicate Celexa was administered <p>During interview on 04-16-19, staff #2 reported:</p> <ul style="list-style-type: none"> -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 	V 118	<p>Clients guardian refused to allow him to take Celexa 10mg due to feeling that he was taking enough medication.</p> <ul style="list-style-type: none"> • Order to discontinue & remove from MAR 4/18/19. • 10-15-18 Client was prescribed Seroquel 50mg 1-2 tabs at night. Client was scheduled to come to review efficacy of medication change on 10-24-18. Client's dosage was changed to indicate Seroquel 100mg at night. • Provider will request discontinue slips when medication dosages are increased. • will be monitored by QP Simmons monthly 	<p>4/18/19</p> <p>4/17/19</p> <p>Ongoing</p> <p>Ongoing</p>

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V 118	<p>Continued From page 4</p> <p>telephone contact</p> <p>Several unsuccessful attempts were made to contact the guardian.</p> <p>During interview on 04-16-19, the pharmacist at the company used by the facility reported:</p> <ul style="list-style-type: none"> -MARs for the facility were pre-typed based on current physician's orders -Celexa remained an active physician's orders per their records... - 28 day supply of Celexa had been dispensed to the facility monthly since December 2018, when the first prescription was noted. <p>C. Physician's order dated 10-15-18 listed Seroquel 50 mg one to two tablets at night (psychotropic). A second physician's order dated 10-28-18 listed Seroquel 100 mg at night.</p> <ul style="list-style-type: none"> -February-April 2019 pre-typed MARs listed no initials Seroquel 50 mg was administered. Seroquel 100 mg was initialed as administered <p>During interview on 04-16-19, staff #2 reported:</p> <ul style="list-style-type: none"> -He may have forgotten to obtain physician's order to discontinue medication so the pharmacy could remove Seroquel 50 mg from the MAR. <p>During interview on 04-16-19, the pharmacist at the company used by the facility reported:</p> <ul style="list-style-type: none"> -Seroquel 50 mg remained an active physician's order per their record -Since October 2018-present date, two separate bubble packets (50 mg and 100 mg) totaling 150 mg for Seroquel had been dispensed to the facility monthly for client #1 <p>During interview on 04-17-19, the Qualified Professional/Director reported he:</p> <ul style="list-style-type: none"> -Did not bring any records to this interview or 	V 118		

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V 118	Continued From page 5 paperwork -Was not able to provide any additional information regarding medication requirements -Would provide any "rebuttal" to information cited in the statement of deficiencies report with his plan of correction response	V 118		
V 293	27G .1701 Residential Tx. Child/Adol - Scope 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall require the following: (1) removal from home to a community-based residential setting in order to facilitate treatment; and (2) treatment in a staff secure setting. (e) Services shall be designed to: (1) include individualized supervision and structure of daily living; (2) minimize the occurrence of behaviors related to functional deficits;	V 293	V293 • Guardians will be provided with dates of medication manage- ment appointments and will have option of attending in person or by phone. • All medication changes will have to continue to be approved by legal guardians. • Any discrepancies with medications will be discussed during monthly CFT • Will be monitored by GP Simmons monthly	4-17-19 Ongoing Ongoing Ongoing

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V 293	<p>Continued From page 6</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to coordinate with other agencies within one of four client's (#1)'s system of care. The findings are:</p> <p>Review on 04-15-19 of client #1's record revealed:</p> <ul style="list-style-type: none"> -Admitted: 02-08-18 -Diagnoses: ADHD (Attention Deficit Hyperactivity Disorder), Conduct disorder and Insomnia due to other mental disorders -Age: 15 -Physician's orders Celexa 10 mg one tablet daily (antidepressant) dated 01-03-19 and Focalin XR 10 mg one in the morning (central nervous system stimulant used to treat ADHD) dated 01- 	V 293		

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V 293	<p>Continued From page 7</p> <p>28-19.</p> <p>Observation on 04-15-19 at approximately 2:00pm of client #1's medication revealed no Celexa or Focalin.</p> <p>Interview on 04-16-19, the Medical Assistant at client #1's Physician's office reported:</p> <ul style="list-style-type: none"> -Client #1 received psychiatric services at their agency. -In December 2018, he was prescribed Celexa initially and refills provided at his 01-28-19 office visit. -01-28-19 was his last visit. Per notes from that appointment, the Celexa had been put on hold until his guardian was able to attend his next scheduled appointment in February, 2019. -A 02-25-19 appointment was missed and not rescheduled until 04-15-19. -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. <p>Several unsuccessful attempts were made to contact client #1's guardian.</p> <p>During interview on 04-17-19, client #1's care coordinator reported:</p> <ul style="list-style-type: none"> -In December 2018, she initiated contact with the group home as his new care coordinator -Initially, she only had contact with group home because the mom was not available until February. -She had participated in monthly Child Family Treatment (CFT) meetings since January 2019. Estimated she attended at least three meetings -Prior to this interview, she was not aware of any issues regarding Celexa, either in the CFT, by group home or the guardian -If she had been aware of the issues with 	V 293		

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V 293	Continued From page 8 Celexa, she would have spoken with her immediate supervisor for assistance, tried to identify barriers with the Celexa for the mom and spoken with physician regarding alternative medications. During interview on 04-17-19, the Qualified Professional/Director reported he: -Did not bring any records to this interview or paperwork -Was not able to provide any additional information regarding medication requirements -Would provide any "rebuttal" to information cited in the statement of deficiencies report with his plan of correction response	V 293		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:	V 296	V296 United Family Network has always ensured that 2 staff members have transported multiple clients. United Family Network will continue to transport per PCP requirements and continuously assess need for supervision in the community. * will be monitored by GP Simmons daily	4-15-19 Ongoing Ongoing

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V 296	<p>Continued From page 9</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan. The findings are:</p> <p>Observation on 04-15-19 at 12:30pm revealed: -2 vehicles pulled into the driveway directly behind each other -Staff #1 arrived at the home with 2 clients in</p>	V 296			

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V 296	<p>Continued From page 10</p> <p>the car, Qualified Professional/Director arrived at the home with 2 clients in a second car.</p> <p>Review on 04-15-19 of client #1's record revealed:</p> <ul style="list-style-type: none"> -Admitted: 02-08-18 -Diagnoses: ADHD (Attention Deficit Hyperactivity Disorder), Conduct disorder and Insomnia due to other mental disorders -Age: 15 -Treatment plan updated 03-29-19 revealed 1:1 ratio when transported <p>Review on 04-15-19 of client #2's record revealed:</p> <ul style="list-style-type: none"> -Admitted: 01-09-19 -Diagnoses: Conduct Disorder and Cannabis use Disorder -Age: 15 -Treatment plan updated 03-29-19 revealed 1:1 ratio when transported <p>Review on 04-15-19 of client #3's record revealed:</p> <ul style="list-style-type: none"> -Admitted: 09-19-18 -Diagnoses: ADHD and Conduct Disorder -Age: 16 -Treatment plan updated 09-18-18 revealed 1:1 ratio when transported <p>Review on 04-15-19 of client #4's record revealed:</p> <ul style="list-style-type: none"> -Admitted: on 03-13-19 -Diagnoses: Disruptive Mood Dysregulation Disorder, ADHD and Anxiety Disorder -Age: 14 -Treatment plan updated 03-13-19 no supervision requirements when client was away from facility or being transported 	V 296		

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V 296	Continued From page 11 During interview on 04-17-19, staff #3 stated she: -Worked 3rd shift 11:00pm-7:00am -Transported clients alone -Transported 2 clients from this home to the main home or gym, her coworker transported the other client in a separate car During interview on 04-16-19, staff #1 stated: - The clients were in separate cars with 1 staff per management directive - Worked 1st shift 7:00am -3:00pm - Transported clients to medical appointments 1:1 During interview on 04-17-19, the Qualified Professional/Director stated: -He had been involved in the rule making process -He interpreted the rule to mean clients "present and awake" in the facility only -He did not interpret the rule to mean in the community -If he had additional information he would respond in the "rebuttal" to the statement of deficiencies compiled by Division of Health Service Regulation -The records were not available for review at the time of exit	V 296		
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.	V 736	V736 Space heaters were removed from the facilities. Heating and air unit replaced	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl092-576	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/17/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

UNITED FAMILY NETWORK AT WILLOW SPRING

**9609 KENNEBEC ROAD
WILLOW SPRINGS, NC 27592**

(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 12</p> <p>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:</p> <p>Observation on 04-15-19 at approximately 3:30pm revealed a space heater located in the hallway between client bedrooms and the living room.</p> <p>During interview on 04-17-19, the Division of Health Service Regulation Construction Consultant reported: -Facilities with over 3 clients could not have space heaters.</p> <p>During interviews between 04-16-19 and 04-17-19, two of three staff reported: -Space heaters were used by staff at the facility -One staff reported, the space heaters had been used throughout the entire winter months</p> <p>During interview on 04-17-19, the Qualified Professional/Director responded "okay" when informed based on building code, the space heaters were not permitted.</p>	V 736		

UNITED FAMILY NETWORK

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
NCDHHS	Chris Simmons
COMPANY:	DATE:
Health Service Regulation	5/30/2019
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Annual & Follow-Up	

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

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