STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL074-255	B. WING		07/2	4/2019
NAME OF PROVIDER OR SUPPLIER STREET ADDR				STATE, ZIP CODE		
PARADIGM 4 KIDS 4075 PITT STREET AYDEN, NC 28513						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	-S	V 000			
	2019. Deficiencies This facility is licens	sed for the following service C 27G .5600F, Supervised				
	Groups/Alternative					
V 118 27G .0209 (C) Medication Requirements		V 118				
	only be administered order of a person and drugs. (2) Medications shat clients only when and client's physician. (3) Medications, include administered only bunlicensed persons pharmacist or other privileged to prepare (4) A Medication Administered all drugs administer current. Medication recorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for (D) date and time the (E) name or initials drug. (5) Client requests to checks shall be recorded.	inistration: non-prescription drugs shall d to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the sluding injections, shall be y licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. Ininistration Record (MAR) of led to each client must be kept s administered shall be lely after administration. The				

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL074-255	B. WING		07/2	4/2019
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
PARADIO	GM 4 KIDS	4075 PITT AYDEN, N				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 118	with a physician.		V 118			
	failed to ensure me recorded immediate 2 audited clients (#.	view and interviews the facility dications administered were ely after administration for 1 of 2). The findings are: of client #2's record revealed:				
	- Diagnoses included Hyperactivity Disord - Physician's orders sodium (stool softe capsule by mouth etreat ADHD) 3 mg 1 morning before breantihistamine, some 50 mg 1 tablet by mand 6:00 pm, zipras capsule by mouth et (promotes bone str. 1 tablet by mouth et et al. 200 pm, 200 p	ed Autism and Attention Deficit				
	2019 revealed; - Transcriptions for administered at 6:0 administered at 7:3 ziprasidone, vitamir be administered at - No documentation	0 am, guanfacine to be 0 am, docusate sodium, n D3 and gummy vitamins to				

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL074-255	B. WING		07/2	4/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
PARADIO	PARADIGM 4 KIDS 4075 PITT STREET						
I AIVADIV		AYDEN, N	C 28513				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 118	Continued From pa	ge 2	V 118				
V 720	10:30 am the AFL (A Parent stated client medications. Client time of the surveyor got caught up in ever a subsequent interval AFL Parent Assistant morning medication them on the MAR. document administrations.	7/19/19 at approximately Alternative Family Living) #2 had not taken his morning #2 was in the shower at the r's arrival and "we just sort of erything this morning." During riew, the AFL Parent stated the nt had administered client #2's ns, but had not documented She would have him ration of client #2's morning	V 726				
V 736	27G .0303(c) Facilit	ty and Grounds Maintenance	V 736				
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive					
		ons and interview the facility free from offensive odors. facility 7/19/19 at					
	overwhelmingly stro hallway and in clien	ong odor of feces in the					
	Family Living) Pare and smear feces or	nt stated client #1 would throw his bedroom walls. His been covered with PVC					

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL074-255	B. WING		07/2	4/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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V 736	Continued From pa	ge 3	V 736			
		panels so the walls could be y, but the odor was still				
	Manager stated the the facility and were	7/24/19 the Program y were aware of the odor in working with client #1 to smearing behaviors.				
V 752	27G .0304(b)(4) Ho	t Water Temperatures	V 752			
	EQUIPMENT (b) Safety: Each factorstructed and equensures the physical visitors. (4) In areas contexposed to hot water	cility shall be designed, uipped in a manner that al safety of clients, staff and of the facility where clients are er, the temperature of the tained between 100-116 is.				
	failed to maintain was 100 and 116 degree	et as evidenced by: ons and interview the facility ater temperatures between es Fahrenheit in areas where to hot water. The findings				
	revealed the hot wa	9/19 at approximately 9:00 am ter temperature in the hall was 122 degrees Fahrenheit.				
	Family Living) Pare	7/19/19 the AFL (Alternative nt stated the clients bathed in She would have the hot water ed.				

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