STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL043-034	A. BUILDING: _____ B. WING _____	09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRAS RESIDENTIAL INC	292 SIERRA TRAIL SPRING LAKE, NC 28390

(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 complaint survey was completed on September 11, 2019. The complaint was substantiated (intake #NC00155316.) Deficiencies were cited. The facility is licensed for the following service category: 10A NCAC 27G. 1700 Residential Treatment Staff Secure for Children or Adolescents.	V 000		
V 107	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. (c) All facilities or services shall require that all	V 107		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL043-034	A. BUILDING: _____ B. WING _____	09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRAS RESIDENTIAL INC	292 SIERRA TRAIL SPRING LAKE, NC 28390

(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 107	Continued From page 1 applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying. (d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided. (e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure one of four audited staff (former staff#1) met the minimum level of education requirement and had complete personnel records. The findings are: Review on 9/11/19 of former staff #1's personnel record revealed: -Hired date: 4/30/19. -Former staff #1 was hired as a Paraprofessional-Residential Care Specialist. -Employment shift: Afternoons from 3:30 pm to 11:30 pm. -There was no evidence of a high school diploma or degree.	V 107		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL043-034	A. BUILDING: _____ B. WING _____	09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRAS RESIDENTIAL INC	292 SIERRA TRAIL SPRING LAKE, NC 28390

(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 107	Continued From page 2 Interview on 9/11/19 with the Office Assistant revealed: -Former staff #1 never turned in documentation regarding completion of high school. -She would try to contact former staff #1 to obtain document and place in the personnel file. -She confirmed former staff #1's education information was not in the personnel file.	V 107		
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 conduct fire and disaster drills under conditions that simulate emergencies quarterly and for each shift. The findings are: Review on 9/11/19 of the facility's fire drill log revealed the following: -11/4/18- 8:03 am- 2nd shift.	V 114		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL043-034	A. BUILDING: _____ B. WING _____	09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRAS RESIDENTIAL INC	292 SIERRA TRAIL SPRING LAKE, NC 28390

(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 3 -11/9/18- 2:01 pm- 2nd shift. -11/11/18- 12:04 pm- 2nd shift. -1/10/19- 6:50 am- 1st shift. -1/11/19- 3:49 pm- 3rd shift. -2/8/19- 6:55 am- 1st shift. -3/2/19- 3:49 pm- 3rd shift. -6/17/19- 7:00 am- 1st shift. -6/26/19- 8:00 pm- 2nd shift. -7/10/19- 8:00 am- 2nd shift. -7/13/19- 3:39 pm- 3rd shift. -7/15/19- 11:45 pm- 1st shift. -7/30/19- 9:00 am- 2nd shift. -There were no fire drills performed on first and third shift for the fourth quarter of 2018. -There were no fire drills performed on second shift for the first quarter of 2019. -There were no fire drills performed on third shift for the second quarter of 2019. Review on 9/11/19 of the facility's disaster drill log revealed the following: -11/13/18- 8:00 am- 2nd shift. -11/20/18- 4:03 pm- 3rd shift. -11/23/18- 12:00 am- 1st shift. -1/10/19- 6:45 am- 1st shift. -2/8/19- 6:40 am- 1st shift. -3/13/19- 6:45 am- 1st shift. -7/14/19- 7:30 am- 2nd shift. -7/14/19- 11:55 pm- 1st shift. -7/15/19- 3:49 pm- 3rd shift. -There were no disaster drills performed on the second and third shift for the first quarter of 2019. -There were no disaster drills performed on the first, second, and third shift for the second quarter of 2019. Interview on 9/11/19 with the House Manager revealed: -First shift was from 11:30 pm to 7:30 am. -Second shift was from 7:30 am to 3:30 pm.	V 114		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL043-034	A. BUILDING: _____ B. WING _____	09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRAS RESIDENTIAL INC	292 SIERRA TRAIL SPRING LAKE, NC 28390

(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 4 -Third shift was from 3:30 pm to 11:30 pm. -She was unaware that some fire and disaster drills for the had not been done for all shifts. -She confirmed the facility failed to conduct fire disaster drills under conditions that simulate emergencies quarterly and for each shift	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 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.	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL043-034	A. BUILDING: _____ B. WING _____	09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRAS RESIDENTIAL INC	292 SIERRA TRAIL SPRING LAKE, NC 28390

(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 5 This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to ensure the medication administration record (MAR) was current for two of three audited clients (client #2 and #3). The findings are: Review on 9/11/19 of Client #2's record revealed: -Admission date of 2/27/19. -Diagnoses of Attention Deficit Disorder, Combined; Disruptive Mood Dysregulation Disorder; Autism Spectrum Disorder. Review on 9/11/19 of Client #2's physician's order dated the following: -Order dated 7/17/19: -Fluticasone Propionate 50 mg- Instill one spray on each nostril once a day. Observation on 9/11/19 at 1:00pm. of Client #2's medication revealed the following was available: -Fluticasone Propionate 50 mg Review on 9/11/19 of Client #2's MAR for July 2019 revealed: -Fluticasone Propionate 50 mg : Had the whole month blanked. Review on 9/11/19 of Client #3's record revealed: -Admission date of 4/4/19. -Diagnoses of Attention Hyperactivity Disorder, Combined Type; Unspecified Anxiety Disorder; Unspecified Trauma and Stressor Related Disorder; Mood Disorder NOS. Review on 9/11/19 of Client #3's physician's order	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL043-034	A. BUILDING: _____ B. WING _____	09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRAS RESIDENTIAL INC	292 SIERRA TRAIL SPRING LAKE, NC 28390

(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 6 dated the following: -Order dated 6/27/19: -Lamotrigine 25mg- Take two tablets a day for 14 days, then four tablets a day for 14 days. Review on 9/11/19 of Client #3's MAR for July 2019 revealed: -MAR indicated: Lamotrigine 5 mg- Take two tablets a day for 14 days, then four tablets a day for 14 days. -All dates for the month had been marked as given. Interview on 9/11/19 with the House Manager revealed: -She confirmed that client #2's medication was available at the house. -She thought the Flonase for client #2 was noted "as needed". -The medication had not been given to client #2 during the month of July as he did not need it. -She would have physician change order for client #2 to spell out "as need it." -Medications in July for Client #3 had been changed recently and did not realize that the MAR indicated old dosage. -She acknowledged that staff failed to make correction on the July MAR for Client #3 to read Lamotrigine 25 mg instead of 5 mg. -She assured that the right medication dose had been given to Client #3. -She acknowledged that the medication administration record (MAR) was not kept current for client #2 and #3.	V 118		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL043-034	A. BUILDING: _____ B. WING _____	09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRAS RESIDENTIAL INC	292 SIERRA TRAIL SPRING LAKE, NC 28390

(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 7 (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 observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are: Observation on 9/9/19 at 6:35 pm of the living area revealed: -Wall behind couch had a couple of holes and cracks. Observation on 9/9/19 at 6:40 pm of the dining area revealed: -Corner of wall between dining area and living area by the hallway had dents and was peeled. -Patched repairs on walls had not been painted over. -Several scratches and stains on the walls. Observation on 9/9/19 at 6:43 pm of the hallway leading to the rooms revealed: -Several scratches and stains on the walls. Observation on 9/9/19 at 6:45 pm of bedroom#1 (straight at end of hallway) revealed: -There was a baseball size hall under the window. -Walls had stains and scratches. Observation on 9/9/19 at 6:48 pm of bathroom located inside bedroom #1 revealed: -Walls had stains and scratches. -Sink had ink stains.	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL043-034	A. BUILDING: _____ B. WING _____	09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRAS RESIDENTIAL INC	292 SIERRA TRAIL SPRING LAKE, NC 28390

(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 8 -Door had a baseball size hole. Observation on 9/9/19 at 6:50 pm of bedroom #2 (right and then left of hallway) revealed: -Light from ceiling fan was not working as string had been pulled out. -Closet door had scratches. -There was a hole behind the door. Observation on 9/9/19 at 6:53 pm of bedroom #3 (right then right of hallway) revealed: -Walls had stains and scratches. -Patched repairs on walls not painted over. -Sections of drywall around closet doors had not been finished or painted over. Observation on 9/9/19 at 6:55 pm of the door leading to laundry area revealed: -There was a hole on the bottom of door. Interview on 9/11/19 with the House Manager revealed: -Agency was responsible for doing maintenance for the home. -She had recently placed a request for maintenance to do work at the home to include painting of walls. -Holes on walls were recently made by a former resident. -She confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner.	V 736		