Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED R mhl078-197 B. WNG 02/03/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE JOHNSON CENTER II 111 TAYLOR STREET RED SPRINGS, NC 28377 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID **PREFIX** PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on February 3, 2020. 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 114 27G .0207 Emergency Plans and Supplies V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and **DHSR** - Mental Health area-wide disaster plan shall be developed and shall be approved by the appropriate local FEB 19 2020 authority (b) The plan shall be made available to all staff and evacuation procedures and routes shall be Lic. & Cert. Section 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. JCH RP will monetor fire/ 4/03/20 Diaster drills quarterly as Stated in the methal conments. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire and disaster drills were held 9P will schedule drills by 15th & drill scheduled months quarterly and repeated on each shift. The findings During interview on 01/30/2020 the Associate to ensure that drills are Professional (AP) revealed the shifts of the facility being completed. -First shift 7:30am-3:30pm Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED R mhl078-197 B. WNG 02/03/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 111 TAYLOR STREET JOHNSON CENTER II RED SPRINGS, NC 28377 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRFFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 114 Continued From page 1 V 114 -Second shift 3:30pm-11:30pm -Third shift 11:30pm-7:30am Review on 01/30/2020 of facility records from January 2020 thru December 2019 revealed: No 1st shift fire drill in the second quarter of - No 1st shift fire drill in the 3rd quarter of 2019. -No 1st shift disaster drill in the 2nd quarter of -No 3rd shift disaster drill in the 3rd quarter of 2019. During interview on 02/03/2020 clients #1, #2 and #3 revealed they completed fire and disaster drills at the facility. Interview on 01/30/2020 the Qualified Professional stated: -She would ensure all the drills were completed on each shift for every quarter. V 118 27G .0209 (C) Medication Requirements V 118 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 (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.

Division of Health Service Regulation

Division	of Health Service Regu	ulation			FORM APPROVE	
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V 118	Continued From page 2		V 118			
	(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.					
	failed to keep the MAR three clients (#1, #2 an Finding #1 Review on 01/30/2020 revealed: -17 year old maleAdmission date of 08/1-Diagnoses of Opposition Attention Deficit Hypera presentation. Review on 01/30/2020 corders revealed: 01/09/2020 -Abilify (used to treat the conditions such as schize	and interview the facility is current affecting three of d #3). The findings are: of client #1's record 3/19 onal Defiant Disorder, ctivity Disorder, combined of client #1's Physician		Ascheduled medical Administrancing be held on Friday Frederess the staff produces the larights Medication Administ Previous Drevson & Time Drevson & Time Drevson & Docum Browned & Professional Will Mar's daily to ensure according to the ensure ac	ts are.	

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED R mhl078-197 B. WING 02/03/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 111 TAYLOR STREET JOHNSON CENTER II RED SPRINGS, NC 28377 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 | Continued From page 3 V 118 -Concerta (used to treat attention deficit hyperactivity disorder) 54mg Take 1 capsule by mouth in the morning. -Guanfacine (used to treat attention deficit hyperactivity disorder) 3mg Take 1 tablet by mouth everyday. 09/13/19 -Vitamin D3 (Treats vitamin D deficiency) 400iu Take once a day by mouth. 10/10/19 -Atomoxetine (used to treat attention deficit hyperactivity disorder) 80mg Take 1 capsule by mouth in the morning. Review on 01/30/2020 of client #1's January 2020 MAR revealed no initials on the following dates to indicate the medication had been administered: -Abilify 10mg- 1/07/2020 at 8am. -Vitamin D3 400iu- 01/07/2020 at 8am. -Concerta 54mg- 01/07/2020 at 8am. -Guanfacine 3mg- 01/07/2020 at 8am. Atomoxetine 80mg- 01/07/2020. During interview on 02/03/2020 client #1 revealed he received his medication daily. Finding #2 Review on 01/30/2020 of client #2's record revealed: -15 year old male. -Admission date of 01/28/19. -Diagnoses of Conduct Disorder and Disruptive Mood Dysregulation Disorder. Review on 01/30/2020 of client #2's Physician orders revealed: 01/09/2020 -Vyvanse (treat attention deficit hyperactivity disorder) 60mg Take 1 capsule by mouth every morning.

82H211

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED R mhl078-197 B. WNG 02/03/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 111 TAYLOR STREET JOHNSON CENTER II RED SPRINGS, NC 28377 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 | Continued From page 4 V 118 -Saphris (used to treat schizophrenia in adults, and bipolar I disorder in adults and children who are at least 10 years old) 10mg Take 1 tablet under tongue nightly. Review on 01/30/2020 of client #2's November 2019 and January 2020 MAR's revealed no initials on the following dates to indicate the medication had been administered: -Vyvanse 60mg- 01/07/2020 at 8am. -Saphris 10mg- 11/14/19 at 8pm. During interview on 02/03/2020 client #2 revealed he received his medication daily. Finding #3 Review on 01/30/2020 of client #3's record revealed: -9 year old male. -Admission date of 12/31/19. -Diagnoses of Attention Deficit Hyperactivity Disorder, Combined Type, Oppositional Defiant Disorder, Upbringing away from biological parents, Conduct Disorder. Review on 01/30/2020 of client #3's Physician orders revealed: 01/16/2020 -Risperidone 1mg (used to treat schizophrenia in adults and children) Take 1 tablet by mouth 2 times a daily. 01/28/2020 -Vyvanse 30mg (treat attention deficit hyperactivity disorder) Take one capsule by mouth everyday in the morning. 12/18/19 -Montelukast 5mg (treats allergies) Chew and swallow 1 tablet by mouth every night. -Fluticasone Spray 50mcg (treats allergies) Use 1 spray in each nostril daily.

Division of Health Service Regulation							FORM APPROVED		
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	V 118	Continued From page	5	V 118					
		_							
		MAR revealed no initia	of client #3's January 2020						
		indicate the medication	als on the following dates to had been administered:						
	-Risperidone 1mg-01/07/2020 at		07/2020 at 8am.						
		-Vyvanse 30mg- 01/07	7/2020 at 8am.					1	
		-Montelukast 5mg-01/05/2020, 01/12/2020, 01/19/2020, 01/25/2020.							
		-Fluticasone Spray 50r	mcg-01/20/2020.					ı	
		During interview on 02	/03/2020 client #3 revealed					I	
		he received his medica	ition daily.					l	
		During intensions on 02	(03/2020 the Alexandria					l	
		During interview on 02/ Professional revealed:	03/2020 the Associate					l	
		-She was the one that i	reviewed the MAR's for the					l	
		facilityShe would ensure the	staff are completing the					l	
		MAR's daily.	stan are completing trie						
	1	Due to the failure to accomedication administration	curately document						
		determined if clients rec	eived their medications						
		as ordered by the physic	cian.						
							- 1		
_							-		

JOHNSON CENTER HOMES, INC

121 Main Street Red Springs, NC 28377 Tel: (910) 843-7007

Fax: (910) 843-7008

Johnsoncenterhomes@yahoo.com

Re: Annual and Follow Up Survey completed 02/03/2020

Plan of Correction for MHL# 078-197

February 12, 2020

DHSR - Mental Health

FEB 19 2020

Lic. & Cert. Section

Dear Ms. Jones:

Thank you for assisting JCH in our annual survey. Enclosed is a copy of our Plan of Correction for the 2020 February survey. If you have any questions please contact Sheila at (910) 527-7162.

Sincerely;

Shella Fergusan Sheila Ferguson, RN BSN

Director