

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  mhl026-709	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  R 12/14/2020
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NAME OF PROVIDER OR SUPPLIER  PEARL'S ANGEL CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1423 GRANDVIEW DRIVE FAYETTEVILLE, NC 28314
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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  A complaint and follow up survey was completed on December 14, 2020. The complaint was substantiated (Intake #NC00171541). 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 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	V 118	QP – will ensure that the Medication Administration Records will Be kept current. Medication administered will be recorded immediately by staff when it is administered to consumer. QP – will make sure a copy of the physician Order is maintained in the home and all MAR's are written according to the physician Order.  Training was completed on Medication Administration, MAR's and Physician Orders.  DHSR - Mental Health JAN 1 2021 Lic. & Cert. Section	12/6/20

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

*Betty Washington*

TITLE  
*Surfer*

(X6) DATE  
11/4/21

STATE FORM

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If continuation sheet 1 of 12

## Division of Health Service Regulation

PRINTED: 12/22/2020  
FORM APPROVED

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FAYETTEVILLE, NC 28314**

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V 118	<p>Continued From page 1</p> <p>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 record review, observation and interview, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting three of three clients (#1, #2 and #3). The findings are:</p> <p>Finding #1: Review on 12/04/20 of client #1's record revealed: - 16 year old male. - Admission date of 10/09/20. - Diagnoses of Conduct Disorder and Post Traumatic Stress Disorder (PTSD).</p> <p>Review on 12/02/20 and 12/04/20 of client #1's physician orders dated 06/29/20 revealed: - Benadryl (Aller-G time-treats allergies) 25 milligrams (mg) - take 2 tablets at bedtime as needed.</p> <p>Review on 12/04/20 of client #1's October 2020 and November 2020 MARs revealed: - "Aller-G Time 25mg. Take 2 tablets by mouth at bedtime." - Staff initials to indicate the "Aller-G Time" was administered every night from October 9, 2020 thru November 30, 2020.</p>	V 118		

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STATE FORM

6899

7AAQ11

If continuation sheet 2 of 12

Division of Health Service Regulation

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V 118	<p>Continued From page 2</p> <p>Interview on 12/02/20 client #1 stated:</p> <ul style="list-style-type: none"> <li>- Staff are the ones who give him medications.</li> <li>- He does not take medications daily.</li> </ul> <p>Finding #2:</p> <p>Review on 12/04/20 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- 17 year old male.</li> <li>- Admission date of 06/26/20.</li> <li>- Diagnoses of Conduct Disorder, Attention Deficit Hyperactivity Disorder (ADHD) and Unspecified Depressive Disorder.</li> </ul> <p>Review on 12/04/20 of client #2's physician orders dated 11/03/20 revealed:</p> <ul style="list-style-type: none"> <li>- Trazodone (anti-depressant) 100mg - take two tablets at bedtime.</li> <li>- Atarax (Hydroxyzine-anti-anxiety) 25mg - take one tablet at bedtime.</li> </ul> <p>Review on 12/02/20 of client #2's December 2020 MAR revealed the following blanks:</p> <ul style="list-style-type: none"> <li>- Trazodone - 12/01/20 at 7pm.</li> <li>- Hydroxyzine - 12/01/20 at 7pm.</li> </ul> <p>Interview on 12/02/20 client #2 stated he received his medications daily as ordered.</p> <p>Finding #3:</p> <p>Review on 12/04/20 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- 17 year old male.</li> <li>- Admission date of 06/18/20.</li> <li>- Diagnoses of Conduct Disorder, ADHD - Combined Type and Cannabis Use Disorder.</li> </ul> <p>Review on 12/04/20 of client #3's signed physician orders dated 10/08/20 revealed:</p> <ul style="list-style-type: none"> <li>- Intuniv Extended Release (ER)</li> <li>(Guanfacine-treats ADHD) 3mg - take one tablet</li> </ul>	V 118		12/22/2020 PPR-118	



Division of Health Service Regulation

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V 118	Continued From page 3  at bedtime. - Risperidone (ant-psychotic) 0.5mg take one tablet at bedtime. - Trazodone 100mg - take one and one-half tablets at bedtime.  Review on 12/02/20 of client #3's December 2020 MAR revealed the following blanks: - Guanfacine - 12/01/20 at 7pm. - Risperidone - 12/01/20 at 7pm. - Trazodone - 12/01/20 at 7pm.  Interview on 12/02/20 the Licensee stated: - She would check with staff about medications issues. - Staff should sign off on MARs when medications are administered.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	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	V 293		

Division of Health Service Regulation

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V 293	<p>Continued From page 4</p> <p>co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services.</p> <p>(d) The children or adolescents served shall require the following:</p> <p>(1) removal from home to a community-based residential setting in order to facilitate treatment; and</p> <p>(2) treatment in a staff secure setting.</p> <p>(e) Services shall be designed to:</p> <p>(1) include individualized supervision and structure of daily living;</p> <p>(2) minimize the occurrence of behaviors related to functional deficits;</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 interviews the facility failed to provide services</p>	V 293	<p><b>AP/Director</b> – Installed new alarms outside of the windows in the bedrooms and bathrooms.</p> <p><b>Staff</b> – will monitor consumers and keep a visual on them.</p> <p><b>Staff</b> – will monitor the consumers during Virtual School hours to try to eliminate social media contact and other sources of communication. The Laptops will be collected from the consumers at the end of the school day and placed in a locked file cabinet.</p> <p><b>Training</b> was completed on the Alarm system to inform Staff on how to activate the system and monitor the Alarms.</p>	12/6/20

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V 293	<p>Continued From page 5</p> <p>designed to include individualized supervision to ensure safety, affecting one of four clients (#4). The findings are:</p> <p>Review on 12/4/20 of Client #4's record revealed:</p> <ul style="list-style-type: none"> <li>-17 year old male.</li> <li>-Admission date 9/18/20.</li> <li>-Diagnoses included Attention Deficit Hyperactivity Disorder and Major Depressive Disorder.</li> <li>-Person Centered Profile completed 9/16/20 and updated 10/13/20 and 11/20/20 included "...documented history of running away from home...gang involvement...pending legal charges...breaks curfew..."</li> <li>-Admission assessment dated 9/18/20 "...presenting problems...running away...stealing a car..."</li> </ul> <p>Review on 12/04/20 of a North Carolina Incident Response Improvement System (IRIS) report for client #4 revealed:</p> <ul style="list-style-type: none"> <li>-Level II incident report "...Date of Incident 11/22/20 Time of Incident: 5:50pm...Unplanned consumer absence...that requires police contact..."</li> <li>-...Authorities contacted... [local police department]...</li> <li>-Supervisor Actions...Describe the cause of this incident: Consumer wasn't happy about being told he wasn't going to be stepping down to foster parent home that per DSS (Department of Social Services) worker inform him that he will be going to another placement since his case was turned over to his home county DSS... Consumer was outside playing basketball with staff and asked to the bathroom. The other staff was in the kitchen preparing dinner. Went to knock on the consumer bedroom door he waited then entered and went to knock on bathroom door...He... called the</li> </ul>	V 293		

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V 293	<p>Continued From page 6</p> <p>consumer name then but the locked in and notice window open. He came outside to ask the other did they see consumer they responded by saying he went to the bathroom. Once they realized he had AWOL (Absent Without Leave) they immediately went to look for him and called QP (Qualified Professional) to inform her of the incident. QP told them when they return back to the home to call 911 to make the AWOL report if he hadn't returned. Consumer hasn't returned as of yet..."</p> <p>Review on 12/11/20 of Staff #1's personnel record revealed: -Hire date 8/20/18, Direct Care Provider. -Training in NCI+ (National Crisis Interventions) 4/20/20.</p> <p>Review on 12/11/20 of Staff #2's personnel record revealed: -Hire date 8/10/13, Direct Care Provider. -Training in NCI+ 4/21/20.</p> <p>Review on 12/11/20 of Associate Professional (AP)/Director personnel file: -Hire date 6/17/20. -Training in NCI+ 4/20/20.</p> <p>Review on 12/11/20 of QP's personnel file revealed: -Hire date 2/25/13. -Training in NCI+ 4/20/20.</p> <p>Observation on 12/2/20 at approximately 9:50am of the facility's front entrance revealed: -The facility had a front entrance door and windows within direct eyesight of anyone in the area of the basketball goal in the front yard/driveway area. -The facility had a driveway to the left of the</p>	V 293		



Division of Health Service Regulation

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V 293	<p>Continued From page 7</p> <p>basketball goal.</p> <p>Interview on 12/14/20 Client #4 stated:</p> <ul style="list-style-type: none"> <li>-He had been at the facility for about a month before he eloped.</li> <li>-When he left the facility on 11/22/20 the Staff #1 and his three housemates were playing basketball in front of the facility.</li> <li>-The female staff (Staff #2) was cleaning her personal vehicle.</li> <li>-He had not left the facility through a bedroom or bathroom window.</li> <li>-He went through the front door, got his bag and left the facility through the front door of the facility.</li> <li>-Both staff #1 and #2 and his housemates were still outside in front of the facility when he left.</li> <li>-He was not sure if either of the staff or his housemates saw him leave from the facility.</li> <li>-Client #4 ended the call before the interview with surveyor was completed.</li> </ul> <p>Interview on 12/2/20 and 12/9/20 Staff #1 stated:</p> <ul style="list-style-type: none"> <li>-He had worked at the facility for several months.</li> <li>-There was always two staff at the facility when he worked.</li> <li>-He was at the facility on 11/22/20 when client #4 eloped.</li> <li>-The four clients were outside for recreation time, playing basketball.</li> <li>-He and staff #2 were supervising the clients outside of the facility.</li> <li>-The time was approximately 4:45pm.</li> <li>-Client #4 asked to go use the bathroom.</li> <li>-There were no staff who went inside the facility with client #4.</li> <li>-After 5-7 minutes he went in the facility to check on client #4.</li> <li>-He went inside the facility and was not able to locate client #4.</li> <li>- He was "not sure how he (client #4) left" the</li> </ul>	V 293		



Division of Health Service Regulation

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V 293	<p>Continued From page 8</p> <p>facility.</p> <ul style="list-style-type: none"> <li>-Client #4 did not seem to be planning any type of elopement nor seemed upset.</li> <li>-He had no other elopements while he was at the facility.</li> <li>-He called the Associate Professional (AP)/Director and Staff #2 called the police.</li> </ul> <p>Interview on 12/2/20 and 12/9/20 Staff #2 stated:</p> <ul style="list-style-type: none"> <li>-She had worked second shift with Staff #1 on 11/22/20.</li> <li>-All clients and staff (staff #1) were outside prior to client #4 leaving the facility.</li> <li>-Client #4 told Staff #1 he was going inside to use the bathroom.</li> <li>-Staff #1 went inside the facility with Client #4.</li> <li>-After "about 5-7 minutes" Staff #1 said Client #4 had eloped.</li> <li>-She notified the Qualified Professional (QP).</li> <li>-She had not seen how or when he (client #4) left the facility on 11/22/20.</li> </ul> <p>Interview on 12/4/20 the QP stated:</p> <ul style="list-style-type: none"> <li>-Staff #1 and #2 had worked when client #4 eloped from the facility on 11/22/20.</li> <li>-Staff #1 was cooking inside the facility when client #4 went inside the facility to the bathroom.</li> <li>-Staff #1 and #2 should have communicated verbally that client #4 went inside the facility.</li> <li>-Client #4 had been upset about his team meeting.</li> <li>-Client #4's whereabouts were unknown.</li> </ul> <p>Interview on 12/04/20 client #4's Legal Guardian stated:</p> <ul style="list-style-type: none"> <li>-Client #4 had been doing well at the facility.</li> <li>-Client #4 did have a history of elopement.</li> <li>-He had a brief discussion with client #4 about plans to change guardianship.</li> <li>-Client #4 had been located in a local city</li> </ul>	V 293		

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STATE FORM

6899

7AAQ11

If continuation sheet 9 of 12

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V 293	<p>Continued From page 9</p> <p>(approximately 64 miles from the facility) and he had escaped while in custody from the police.</p> <p>-As of 12/4/20 client #4 had not been located and whereabouts were unknown.</p> <p>Interview on 12/2/20, 12/9/20 and 12/10/20 the AP/Director stated:</p> <p>-She had been notified about ten minutes after client #4 had left.</p> <p>-She searched the neighboring roads for client #4 and had not seen him.</p> <p>-She added a third staff for the overnight shift on 11/22/20.</p> <p>-She thought client #4 had used the school computer to have friends pick him up.</p> <p>-Client #4 had been returned to the facility by law enforcement on the evening of 12/9/20.</p> <p>Review on 12/11/20 of a Plan of Protection signed by the AP/Director and dated 12/11/20 revealed:</p> <p>- "What immediate action will the facility take to ensure the safety of the consumers in your care? The Director has installed alarms outside of the windows to alert staff when the consumers have opened the windows. The windows do currently have alarms; however, the consumers continue to destroy the current internal door and window alarms and sensors. The staff will keep a visual on the consumers to ensure their safety. The consumers will keep their doors open while in their rooms. Staff will sit in a chair outside the consumers room door while they sleep to ensure safety. The staff will monitor consumers during virtual school hours to try to eliminate social media contact and other communication to prevent AWOL behaviors.</p> <p>- "Describe your plans to make sure the above happens. The outside window alarms have already been installed on the windows. The sensor alarm system has been installed and</p>	V 293		

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER  <b>PEARL'S ANGEL CARE, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1423 GRANDVIEW DRIVE FAYETTEVILLE, NC 28314</b>		
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V 293	<p>Continued From page 10</p> <p>training has taken place to inform staff on how to activate the alarms and sensors. The consumers have been informed of the alarm system and the consequences if they continue to AWOL and destroy property. The laptops will be collected from the consumers at the end of the school day and placed in a locked file cabinet."</p> <p>This deficiency constitutes a re-cited deficiency.</p> <p>The four clients in the facility ranged in ages from 16 to 17 and had various mental health diagnoses to include Conduct Disorder, Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder and Major Depressive Disorder. Client #4 had pending legal charges for stealing a car, a history of running away, marijuana and alcohol use and a history of being argumentative with adult figures. Client #4 went AWOL from the facility on 11/22/20 while unattended, unsupervised and alone in the facility. Staff #1 and Staff #2 did not provide supervision to client #4 on 11/22/20 as neither staff saw him when he left the facility or knew how he had left the facility. Interviews from Client #4, staff #1 and staff #2 had conflicting details about where they were located, the manner and the time in which Client #4 went AWOL from the facility. Law Enforcement located Client #4 in another city approximately 64 miles away from the facility and while in police custody, client #4 ran away from the police. Client #4 was located and returned to the facility by the police on 12/9/20. Client #4's whereabouts were unknown for 16 days while on AWOL. The facility's failure to provide supervision based on client #4's needs resulted in elopement from the facility for a total of 16 days with his whereabouts unknown and constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.</p>	V 293		12/22/2020	

Division of Health Service Regulation

STATE FORM

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If continuation sheet 11 of 12



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl026-709</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/14/2020</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**PEARL'S ANGEL CARE, INC**

**1423 GRANDVIEW DRIVE  
FAYETTEVILLE, NC 28314**

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V 293	Continued From page 11  An administrative penalty of \$2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 293		