FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING: _ COMPLETED B. WING mhl026-709 04/12/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1423 GRANDVIEW DRIVE PEARL'S ANGEL CARE, INC FAYETTEVILLE, NC 28314 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint and follow up survey was completed on April 12, 2021. The complaint was substantiated (Intake #NC00175648). 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 118 27G .0209 (C) Medication Requirements V 118 **DHSR** - Mental Health 10A NCAC 27G .0209 MEDICATION REQUIREMENTS MAY 1 4 2021 (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written Lic. & Cert. Section order of a person authorized by law to prescribe druas. (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

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drug.

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

(5) Client requests for medication changes or

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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 mhl026-709 B. WING 04/12/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1423 GRANDVIEW DRIVE PEARL'S ANGEL CARE, INC FAYETTEVILLE, NC 28314 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) V 118 | Continued From page 1 V 118 checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: QP - informed all staff effective 4/12/21 Based on record reviews and interview the facility immediately they will receive a failed to administer medications as ordered by a Letter of Warning and Disciplinary physician and failed to keep MARs current affecting two of three clients (#2 and #3). The Action" if the medication is not findings are: properly administered and recorded on the MAR sheet. Finding #1: Review on 04/09/21 of client #2's record revealed: - 18 year old male. - Admission date of 06/11/20. - Diagnoses of Conduct Disorder-Adolescent Onset, Attention Deficit Hyperactivity Disorder and Unspecified Depressive Disorder. Review on 04/12/21 of client #2's physician orders revealed: 03/12/21 - Zoloft (Sertraline-treats depression) 100 milligrams (mg) - take one tablet daily. 2/17/21 - Claritin (Loratadine-treats allergies) 10mg - take one tablet daily. 12/02/20 - Trazodone (anti-depressant) 100mg - take 2 tablets at bedtime. - Atarax (Hydroxyzine-treats anxiety) 25mg - take

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
PEARL'S	ANGEL CARE, INC		NDVIEW DI			
	0.0000000000000000000000000000000000000	****	VILLE, NC			
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V 118	Continued From pa	ge 2	V 118			
	one tablet at bedtim	ne.				
	micrograms (mcg) - every day. Review on 04/08/21 revealed: - Sertraline was trar	one-treats allergies) 50 - 2 sprays into each nostril of client #2's April 2021 MAR ascribed as take 1 and 1/2 abouth every morning. No staff				
	initials to indicate the on 04/01/21. - Claritin - no staff in administration on 04- Trazodone - no state administration on 04-04/07/21. - Atarax - no staff in administration on 04-04/07/21. - Flonase - no staff administration on 04- Trazodone - no staff administration on 04- Tra	e Sertraline was administered initials to indicate 4/01/21. aff initials to indicated 4/01/21, 04/06/21 and itials to indicated 4/01/21, 04/06/21 and				
	his medications as of Finding #2: Review on 04/09/21 revealed: - 17 year old male Admission date of - Diagnoses of Post Disruptive Mood Dyn Reactive Attachment	of client #3's record 02/08/21. Traumatic Stress Disorder, sregulation Disorder and the Disorder.				
	orders dated 01/26/2	of client #3's physician 21 revealed: ne - anti-psychotic) 2.5mg -				

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		2. 4	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER		DDECC OITY	CTATE ZID CODE	04/12/2021
			NDVIEW D	STATE, ZIP CODE	
PEARL'S	S ANGEL CARE, INC		VILLE, NC		
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V 118	Continued From pa	ge 3	V 118		
	300mg - take 2 table	lood pressure) - 0.1mg - take			
	revealed the following - Olanzapine - 07/01/04/01/21 and 04/04/01/21 - Lithium Carbonate 04/07/21.	1/21 and 04/04/21 at 7am and			
	Interview on 04/08/2 his medications dail	21 client #3 stated he received y.			
9	Professional/License - Staff had received medication administ	additional training in ration. d their medications and staff MARs. p on medication			
	This deficiency cons and must be correct	etitutes a re-cited deficiency ed within 30 days.			
V 296	27G .1704 Resident Staffing	ial Tx. Child/Adol - Min.	V 296		
	REQUIREMENTS (a) A qualified profetelephone or page. A able to reach the factimes.	94 MINIMUM STAFFING ssional shall be available by A direct care staff shall be illity within 30 minutes at all umber of direct care staff			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		SURVEY PLETED
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PEARL'	S ANGEL CARE, INC	1423 GRA	NDVIEW D	RIVE		
	T		VILLE, NC			
(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 SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 296	required when child present and awake (1) two direct one, two, three or for (2) three direct for five, six, seven or adolescents; and (3) four direct nine, ten, eleven or adolescents. (c) The minimum n during child or adole follows: (1) two direct and one shall be aw children or adolesce (2) two direct and both shall be avechildren or adolesce (3) three direct of which two shall be asleep for nine, ten, adolescents. (d) In addition to the care staff set forth in Rule, more direct cathe facility based on individual needs as a splan. (e) Each facility sha supervision of children away from the facility for the facility sha supervision of children away from the facility sha supervision and the facility sha supervision and the facility sha supervision of children away from the facility sha supervision and the facility sha supervision and the facility sha supervision and the facility sha supervision of children away from the facility sha supervision and the fac	ren or adolescents are is as follows: care staff shall be present for our children or adolescents; of care staff shall be present or eight children or care staff shall be present for twelve children or umber of direct care staff escent sleep hours is as care staff shall be present rake for one through four ents; care staff shall be present vake for five through eight ents; and of care staff shall be present awake and the third may be eleven or twelve children or eminimum number of direct in Paragraphs (a)-(c) of this are staff shall be required in the child or adolescent's especified in the treatment Il be responsible for ensuring en or adolescents when they inclived and strengths and	V 296			

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _____ mhl026-709 B. WING 04/12/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1423 GRANDVIEW DRIVE PEARL'S ANGEL CARE, INC FAYETTEVILLE, NC 28314 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 118 Continued From page 2 V 118 one tablet at bedtime. 10/28/20 - Flonase (Fluticasone-treats allergies) 50 micrograms (mcg) - 2 sprays into each nostril every day. Review on 04/08/21 of client #2's April 2021 MAR revealed: - Sertraline was transcribed as take 1 and 1/2 tablet (150mg) by mouth every morning. No staff initials to indicate the Sertraline was administered on 04/01/21. - Claritin - no staff initials to indicate administration on 04/01/21. - Trazodone - no staff initials to indicated administration on 04/01/21, 04/06/21 and 04/07/21. - Atarax - no staff initials to indicated administration on 04/01/21, 04/06/21 and 04/07/21. - Flonase - no staff initials to indicated administration on 04/01/21, 04/03/21 thru 04/07/21. Interview on 04/08/21 client #2 stated he received his medications as ordered. Finding #2: Review on 04/09/21 of client #3's record revealed: - 17 year old male. - Admission date of 02/08/21. - Diagnoses of Post Traumatic Stress Disorder, Disruptive Mood Dysregulation Disorder and Reactive Attachment Disorder. Review on 04/12/21 of client #3's physician orders dated 01/26/21 revealed: - Zyprexa (Olanzapine - anti-psychotic) 2.5mg -

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _____ COMPLETED B. WING mhl026-709 04/12/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1423 GRANDVIEW DRIVE PEARL'S ANGEL CARE, INC FAYETTEVILLE, NC 28314 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX 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 take twice daily. - Lithium Carbonate (treats Bipolar Disorder) 300mg - take 2 tablets at bedtime. - Clonidine (treats blood pressure) - 0.1mg - take 2 tablets at bedtime. Review on 04/08/21 of client #3's April 2021 MAR revealed the following blanks: - Olanzapine - 07/01/21 and 04/04/21 at 7am and 04/01/21 and 04/04/21 thru 04/07/21. - Lithium Carbonate - 04/01/21, 04,05/21 and 04/07/21. - Clonidine - 04/01/21, 04/06/21 and 04/07/21. Interview on 04/08/21 client #3 stated he received his medications daily. Interview on 04/08/21 and 04/12/21 the Associate Professional/Licensee stated: - Staff had received additional training in medication administration. - the clients received their medications and staff may not sign off on MARs. - She would follow up on medication administration issues. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. V 296 27G .1704 Residential Tx. Child/Adol - Min. V 296 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

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED mhl026-709 04/12/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1423 GRANDVIEW DRIVE PEARL'S ANGEL CARE, INC FAYETTEVILLE, NC 28314 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 296 Continued From page 4 V 296 required when children or adolescents are present and awake is as follows: two direct care staff shall be present for one, two, three or four children or adolescents; three direct care staff shall be present for five, six, seven or eight children or adolescents: and 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: two direct care staff shall be present (1)and one shall be awake for one through four children or adolescents: two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and 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. (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. (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.

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED mhl026-709 B. WING 04/12/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1423 GRANDVIEW DRIVE PEARL'S ANGEL CARE, INC FAYETTEVILLE, NC 28314 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 296 Continued From page 5 V 296 This Rule is not met as evidenced by: QP - inform all staff that they must Based on record reviews, observation and 4/12/21 contact management when they are interviews the facility failed to provide the minimum number of direct care staff required. late for work or absent from work. The findings are: The staff member on shift must also contact management if the scheduled Review on 04/09/21 of client #1's record staff member does not come to work. revealed: - 14 year old male. Management must be contacted - Admission date of 02/04/21. verbally, no text, no voicemail message - Diagnoses of Conduct Disorder-Adolescent or written contact. Onset and Adjustment Disorder. Review on 04/09/21 of client #2's record revealed: - 18 year old male. Admission date of 06/11/20. - Diagnoses of Conduct Disorder-Adolescent Onset, Attention Deficit Hyperactivity Disorder and Unspecified Depressive Disorder. Review on 04/09/21 of client #3's record revealed: - 17 year old male. - Admission date of 02/08/21. - Diagnoses of Post Traumatic Stress Disorder, Disruptive Mood Dysregulation Disorder and Reactive Attachment Disorder. Observation on 04/08/21 at approximately revealed: - Staff #2 was alone at the facility with client #1, client #2 and client #3. - Staff #2 was the only staff at the facility with 3 clients. - Staff #1 and the Associate Professional (AP)/Licensee arrived at approximately 10:10am.

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B. WING mhl026-709 04/12/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1423 GRANDVIEW DRIVE PEARL'S ANGEL CARE, INC FAYETTEVILLE, NC 28314 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 296 Continued From page 6 V 296 Interview on 04/08/21 client #1 stated there was always 2 staff at the facility. Interview on 04/08/21 client #2 stated there was always 2 staff at the facility. Interview on 04/08/21 client #3 stated there was always 2 staff at the facility. Interview on 04/08/21 staff #2 stated: - He was the only staff currently at the facility. - Another staff was in route to the facility. - There was usually always 2 staff at the facility. Interview on 04/08/21 staff #1 stated: - She had worked the previous shift (11pm to 7am). - She had gone home and was coming back to the facility. - There was usually always 2 staff at the facility. Interview on 04/08/21 and 04/12/21 the AP/Licensee stated: - She did not know there was only one staff at the facility on 04/08/21. - Staff should not leave one staff at the facility. - She was aware 2 staff were required to be at the facility while clients were in the home. V 364 G.S. 122C- 62 Additional Rights in 24 Hour V 364 **Facilities** § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have

	N OF CORRECTION	IDENTIFICATION NUMBER:	TIEIO ATION AND ADED			DATE SURVEY COMPLETED	
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V 36-	access to writing massistance when ne (2) Contact and corand at no cost to the physicians, and prividevelopmental disal professionals of his (3) Contact and corthere is a client advorther rights specified restricted by the face exercise these rights (b) Except as provided finition of this section, each treatment or habilitatimes keeps the right (1) Make and received calls. All long distant the client at the time collect to the receivin (2) Receive visitors a.m. and 9:00 p.m. from the consent of (4) Make visits outs unless: a. Commitment professional at the profession with a consent of (4) Make visits outs unless: a. Commitment professional at the consent of (5) and consent of (6) make visits outs unless: a. Commitment professional at the consent of (6) make visits outs unless: a. Commitment professional at the consent of (7) and (8) and (9) and (aterial, postage, and staff acessary; insult with, at his own expense of facility, legal counsel, private ate mental health, bilities, or substance abuse choice; and insult with a client advocate if ocate. In this subsection may not be allity and each adult client may so at all reasonable times. In the ded in subsections (e) and (h) adult client who is receiving the to: We confidential telephone one calls shall be paid for by the of making the call or made and party; between the hours of 8:00 for a period of at least six and meet under appropriate viduals of his own choice	V 364	DEFICIENCY)			
	violent crime, includi assault with a deadly respondent was four insanity or incapable b. The client was vi- committed to the fac	ng a crime involving an weapon, and the nd not guilty by reason of					

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PEARL'	S ANGEL CARE, INC		NDVIEW D			
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V 364	Continued From pa	ge 8	V 364			
V 364	Division of Adult Co Public Safety; or c. The client is be to proceed pursuan A court order may e otherwise prohibited conditions prescribe (5) Be out of doors facilities and equipm several times a wee (6) Except as prohi personal clothing ar client is being held to proceed pursuant to (7) Participate in re (8) Keep and spend own money; (9) Retain a driver's prohibited by Chaptand (10) Have access to his private use. (c) In addition to the 122C-51 through G. 122C-59 through G. who is receiving trea 24-hour facility has to proper adult supervi recognition of the mindividual, the minor opportunities to ena emotionally, intellect vocationally. In view and intellectual imm 24-hour facility shall structure, supervision the rights given to the The facility shall also	rrection of the Department of ing held to determine capacity to G.S. 15A-1002; expressly authorize visits do by the existence of the ed by this subdivision; daily and have access to ment for physical exercise else; bited by law, keep and use no determine capacity to o G.S. 15A-1002; ligious worship; do a reasonable sum of his elicense, unless otherwise er 20 of the General Statutes; individual storage space for erights enumerated in G.S. S. 122C-57 and G.S. S. 122C-61, each minor client atment or habilitation in a che right to have access to sion and guidance. In inor's status as a developing shall be provided ble him to mature physically, and of the physical, emotional, aturity of the minor, the	V 364			

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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PEARL	S ANGEL CARE, INC	FAYETTE	VILLE, NC	28314		
(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)	D BE	(X5) COMPLETE DATE
V 364	Continued From page	ge 9	V 364			
V 304	client receives treat adult clients unless minor client dictate (Each minor client whabilitation from a 2 (1) Communicate a guardian or the age custody of him; (2) Contact and cor or that of his legally cost to the facility, lephysicians, private r disabilities, or substants or his legally res (3) Contact and cor there is a client advorthere is a client advorthere. (1) Make and received is section, each treatment or habilitation in a client advorthere is a client advorthere. (2) Send and received is a client advorthere is a client advorthere is a client advorthere. (3) Under appropriation is a client advorthere is a client advorthere. (4) Make and received is a client advorthere is a client advorthere. (5) Contact and corthere is a client advorthere. (5) Contact and corthere is a client advorthere. (6) Except as provide restriction is a client advorthere. (6) Except as provide restriction is a client advorthere. (7) Contact and corthere is a client advorthere. (8) Contact and corthere is a client advorthere. (8) Contact and corthere is a client advorthere. (9) Contact and corth	ment apart and separate from the treatment needs of the otherwise. ho is receiving treatment or 4-hour facility has the right to: and consult with his parents or ncy or individual having legal ensult with, at his own expense responsible person and at no egal counsel, private mental health, developmental ance abuse professionals, of ponsible person's choice; and asult with a client advocate, if	V 304			

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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PEARL'S	S ANGEL CARE, INC	1423 GRA	NDVIEW D	RIVE		
TEARLY	ANGEL GARE, ING	FAYETTE	VILLE, NC	28314		
(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 SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 364	recreation, and physical basis in accordance (6) Except as prohipersonal clothing arappropriate supervisheld to determine car (7) Participate in re (8) Have access to the safekeeping of property (9) Have access to of his own money; a (10) Retain a driver's prohibited by Chapte (e) No right enumer of this section may be the qualified profeomulation of the clipan. A written state client's record that in for the restriction. The reasonable and related habilitation needs. A period not to exceed each restriction shall qualified professionated which time the restach evaluation of a documented in the crights may be renew statement entered be the client's record the restriction of rights the client who has not be in each instance of a of a restriction of right by the client shall, up be notified of the restriction of the restriction of the restriction of the restriction of rights the client shall, up be notified of the restriction of the	sical exercise on a regular with his needs; bited by law, keep and use and possessions under sion, unless the client is being apacity to proceed pursuant to ligious worship; individual storage space for personal belongings; and spend a reasonable sum and selicense, unless otherwise er 20 of the General Statutes. The restricted or restricted except essional responsible for the itent's treatment or habilitation ment shall be placed in the indicates the detailed reason me restriction is effective for a self-based and as a self-based erection of the conducted by the all at least every seven days, striction may be removed. It restriction shall be elient's record. Restrictions on elient's record. Restrictions on	V 364			

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING mhl026-709 04/12/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1423 GRANDVIEW DRIVE PEARL'S ANGEL CARE, INC FAYETTEVILLE, NC 28314 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 364 | Continued From page 11 V 364 adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record. This Rule is not met as evidenced by: Director - revised the telephone 4/19/21 Based on record reviews and interviews, the Policy to read: facility restricted the rights of 1 of 3 clients (#1) by restricting their ability to make and receive "the consumers may receive telephone calls. The findings are: phone calls from parent, legal guardian or individual having Review on 04/09/21 of client #1's record revealed: legal custody of them." - 14 year old male. The convenient times of Tuesday, - Admission date of 02/04/21. Wednesday and Sunday has been omitted. - Diagnoses of Conduct Disorder-Adolescent Onset and Adjustment Disorder. Review on 04/12/21 of the facility "Explanation of Client Rights" revealed: - "...To communicate and consult with your parent or guardian, individual having legal custody of you. To make and receive phone calls, the convenient times are Tue (Tuesday). Thur (Thursday), and Sun (Sunday) 7pm-8pm (due to scheduled meetings, therapy, and medical appointments on the other days of the week)..." Interview on 04/08/21 client #1's guardian stated: - She had attempted to recently speak with client #1 and was denied. - She was told she could only speak with client #1 on Tuesdays, Thursdays or Sundays.

AND PLAN OF CORRECTION		I (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		mhl026-709	B. WING			R 12/2021
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NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
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V 364	Continued From pa	ge 12	V 364			
	Interview on 04/12/2 Professional/Licens - Client guardians s with clients There was some of guardian called.	21 the Associate see stated: hould be allowed to speak confusion when client #1's ad call issues at the facility and	V 30-4			
		APT 2				