STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDELAN	OF CONNECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COM	FLLTLD	
		MHL026-952	B. WING			R <b>26/2021</b>	
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE			
ADRIENI	NE'S HOUSE		AMBERSBUR VILLE, NC 2				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMEN	ГЅ	V 000				
	completed on May unsubstantiated (in deficiency was cited This facility is licens	nt and follow up survey was 26, 2021. The complaint was take #NC00177135). A d. sed for the following service C 27G .1700 Residential					
	Treatment Staff Se Adolescents.	cure for Children or					
V 116	27G .0209 (A) Med	ication Requirements	V 116				
	written order of a plicensed to prescrib (2) Dispensing shall pharmacists, physic practitioners author with the North Card permit to operate a nurse or other design physician or other had dispensing so long and its contents are approved by the audispensing. (3) Methadone For	ensing: all be dispensed only on the hysician or other practitioner be. Il be restricted to registered cians, or other health care rized by law and registered blina Board of Pharmacy. If a pharmacy is Not required, a gnated person may assist a health care practitioner with as the final label, Container, e physically checked and thorized person prior to					
	service in a properl registered nurse en pursuant to the req .0306 SUPPLYING TREATMENT PRO methadone is not c (4) Other than for e	of a methadone treatment y labeled container by a nployed by the service, uirements of 10 NCAC 45G OF METHADONE IN GRAMS BY RN. Supplying of onsidered dispensing. mergency use, facilities shall k of prescription legend drugs					

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				TE SURVEY MPLETED	
		MHL026-952	B. WING		05/2	R 26/2021	
	PROVIDER OR SUPPLIER	4528 CHA	DRESS, CITY, S MBERSBUR VILLE, NC 2				
(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)	JLD BE	(X5) COMPLETE DATE	
V 116	for the purpose of depharmacist and obtood Board of Pharmacy locked supply of prescamples shall be dislabeled in accordant Rule.  This Rule is not measured based on interviews	lispensing without hiring a aining a permit from the NC. Physicians may keep a small escription drug samples. Spensed, packaged, and ce with state law and this	V 116				
	persons authorized 3 audited clients (#Finding #1: Review on 5/26/21 -12 year old male arbiagnoses included	d Attention-Deficit ler (ADHD) and Oppositional					
	orders and Medicat (MAR) revealed: -Buspirone 5 milligr be taken twice daily administered at 7 ar-Lamotrigine 25 mg twice daily, was sch 7 am and 7 pm (sei -Quetiapine, 50 mg three times daily, was schill the	, ordered 8/5/20 to be taken					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			R	
MHL026-952		MHL026-952	B. WING		05/26/2021		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
ADRIEN	NE'S HOUSE		MBERSBUR				
(V4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	VILLE, NC 2	PROVIDER'S PLAN OF (	CORRECTION	(YE)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 116	Continued From page 2		V 116				
	-13 year-old male a -Diagnoses include and Disinhibited So Review on 5/25/21 orders and MARs re-Guanfacine 1 mg, twice daily, was sch 7 am and 7 pm (AI -Depakote ER (exterordered 2/12/20 to scheduled to be ad (mood). -Geodon 60 mg, or	d ADHD, Conduct Disorder, icial Engagement Disorder.  and 5/26/21 of client #2's evealed: ordered 5/14/20 to be taken neduled to be administered at DHD). ended release) 500 mg, be taken twice daily, was ministered at 7 am and 7 pm dered 2/12/20 to be taken neduled to be administered at					
	4:30pm revealed: -Plastic cup with ini piece of tape adher were 3 white tablets -Plastic cup with ini piece of tape adher Interview on 5/25/2 -Medications were each shiftAs she counted the any client medication into the cup with the -The medications ir client #1's initials w Lamotrigine 25mg, Buspirone 5 mgShe had complete administering medication with initials w complete administering medications in the cup with the -The medications in the cup with the -The medications in the cup with the -The medications in client #1's initials w complete administering medications with the -The medications in the cup with the -The medications in the -The -The -The -The -The -The -The -T	tials of client #2 written on a red to the side.  1 staff #5 stated: counted at the beginning of e medications she would pour ons to be given during her shift					

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STATE FORM 6899 713V11 If continuation sheet 3 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				ATE SURVEY OMPLETED	
			A. BUILDING.		F	,	
		MHL026-952	B. WING			6/2021	
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
ADRIENI	ADRIENNE'S HOUSE 4528 CHAMBERSBURG ROAD FAYETTEVILLE, NC 28314						
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)	
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE	
V 116	Continued From pa	ge 3	V 116				
	-She learned this process of pre-pouring medications from other direct care staff when she "shadowed" them during her orientation.						
	Interview on 5/26/21 staff #6 stated: -She had been employed with the agency for approximately 6 yearsShe had completed a medication certification						
	the shift, pre-poured and then given by the	counted at the beginning of d for the next distribution time, he staff who had pre-poured					
		with medication distribution day, as all staff were certified on assistance.					
l							

6899

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