Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 05/26/2021 MHL026-952 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4528 CHAMBERSBURG ROAD ADRIENNE'S HOUSE FAYETTEVILLE, NC 28314 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 000 V 000 INITIAL COMMENTS An annual, complaint and follow up survey was completed on May 26, 2021. The complaint was unsubstantiated (intake #NC00177135). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. V 116 V 116 27G .0209 (A) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (a) Medication dispensing: (1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe. (2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label. Container, and its contents are physically checked and approved by the authorized person prior to dispensing. (3) Methadone For take-home purposes may be DHSR - Mental Health supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, JUN 0 9 2021 pursuant to the requirements of 10 NCAC 45G .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of Lic. & Cert. Section methadone is not considered dispensing. (4) Other than for emergency use, facilities shall

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LABORATORY DIRECTOR'S OF PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

not possess a stock of prescription legend drugs

ve's signature
Thomas Maxwell

TITLE Executive Director

(X6) DATE June 2, 2021

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If continuation sheet 1 of 4

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION		IDENTIFICATION NOWBER.	A. BUILDING	¥	001411		
		MHL026-952	B. WING			₹ 26/2021	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
ADRIENNE'S HOUSE 4528 CHAMBERSBURG ROAD							
FAYETTEVILLE, NC 28314							
(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 SHOUL CROSS-REFERENCED TO THE APPROF	TION SHOULD BE THE APPROPRIATE		
V 116	Continued From page 1		V 116				
	for the purpose of opharmacist and obt Board of Pharmacy locked supply of prosamples shall be d	dispensing without hiring a aining a permit from the NC. Physicians may keep a small escription drug samples. ispensed, packaged, and ace with state law and this					
	This Rule is not met as evidenced by: Based on interviews, observations, and record reviews, the facility failed to assure that dispensing of medications was restricted to persons authorized by law to do so, affecting 2 of 3 audited clients (#1 and #2). The findings are:  Finding #1: Review on 5/26/21 of client #1's record revealed: -12 year old male admitted 5/20/20Diagnoses included Attention-Deficit Hyperactivity Disorder (ADHD) and Oppositional Defiant Disorder (ODD).  Review on 5/25/21 and 5/26/21 of client #1's orders and Medication Administration Record (MAR) revealed: -Buspirone 5 milligrams (mg), ordered 6/8/20 to be taken twice daily, was scheduled to be administered at 7 am and 7 pm (anxiety)Lamotrigine 25 mg, ordered 8/5/20 to be taken twice daily, was scheduled to be administered at 7 am and 7 pm (seizures)Quetiapine, 50 mg, ordered 8/5/20 to be taken three times daily, was scheduled to be administered at 7 am, 11 am, and 7 pm (antipsychotic).			Human Resource, Director, & AP wensure that as outlined in 10A NCAC 27G.0209 Medication dispensing requirement Section 1 (A); All staff members will be trained and certified by a Registered Nurse before being allowed to dispense medication the residential settings. Medication administration. Section is labeled on a approved containers ensure that the appropriate medical provided to the correct consumer. And dosage of each medicine he is prescribed to consume and record is immediately afterwards.	d ore ons in 2 (C); D code s to tions are and e time	06-01-2021	

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(X3) DATE SURVEY COMPLETED							
R							
26/2021							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
ADRIENNE'S HOUSE 4528 CHAMBERSBURG ROAD							
FAYETTEVILLE, NC 28314  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)							
COMPLETE DATE							

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PRINTED: 05/28/2021 FORM APPROVED Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_ B. WING 05/26/2021 MHL026-952 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4528 CHAMBERSBURG ROAD ADRIENNE'S HOUSE **FAYETTEVILLE, NC 28314** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 116 V 116 Continued From page 3 -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 years. -She had completed a medication certification course. -Medications were counted at the beginning of the shift, pre-poured for the next distribution time, and then given by the staff who had pre-poured

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the medications.

-Staff who assisted with medication distribution varied from day to day, as all staff were certified

to provide medication assistance.