STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
7	o. oo.u.20o		A. BUILDING:				
		MHL041658	B. WING		07/0	8/2021	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
WYNMEI	RE PLACE		MOND DRIVE BORO, 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)	LD BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENT	ΓS	V 000				
	on July 8, 2021. A This facility is licens category: - 10A NCAC 27G .1						
V 120	- 10A NCAC 27G .1700: Residential Treatment Staff Secure for Children or Adolescents 27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.		V 120				
	This Rule is not me Based on observati	et as evidenced by: on, interview and record					

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

/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

	IT OF DEFICIENCIES		(V2) MULTIPL	E CONSTRUCTION	T(V2) DATE	CLIDVEV
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					i) DATE SURVEY COMPLETED	
			A. BUILDING:			
			D WING		F	
		MHL041658	B. WING		07/0	8/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		203 HAM	MOND DRIVI	≣		
WYNME	RE PLACE	GREENS	BORO, NC 2	7406		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				22.10.2.10		
V 120	Continued From pa	ge 1	V 120			
	review the facility f	ailed to store all client				
		urely locked cabinet, for 4				
		client #3 and client #4) of 4				
	clients.	.,				
	The findings are:					
	_					
	Review on 7-7-21 c	of client #1 ' s facility record				
	revealed:					
	- admitted 6-3-2	21				
	- 13 years old	h.				
	- diagnosed wit					
	 Conduct Disorder prescribed by his physician on 6-9-21: fluoxetine Hydrochloride (HCL) 20 milligrams (mg) one daily in the morning guanfacine HCL 2 mg one in the 					
	morning and 1/2 at n	ight				
		ne HCL 25 mg one daily in the				
	morning					
	Dovious on 7.7.21 a	f aliant #2 La facility record				
	Review on 7-7-21 of client #2 's facility record revealed: - admitted 8-12-20					
	- 14 years old	20				
	- diagnosed wit	h:				
	- Bipolar Di	sorder				
	- Post Trau	matic Stress Disorder				
		Deficit Hyperactivity Disorder				
		nal Defiant Disorder				
		his physician on 5-18-21:				
		3 mg two at bedtime				
		ne HCL 80 mg one at bedtime e ER (extended release) 3 mg				
	one at bedtime	o Lit (extended release) 3 mg				
		le 15 mg one at bedtime				
	3.15.5.420					
	Review on 7-7-21 c	of client #3 ' s facility record				
	revealed:	•				
	- admitted 3-22	-21				
	- 14 years old					

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STATE FORM 6899 YY6911 If continuation sheet 2 of 5

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
MIII 044650		B. WING		R		
		MHL041658	D. WING		07/0	8/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
WYNME	RE PLACE		OND DRIVE			
		GREENSE	BORO, NC 2	7406		
(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 120	Continued From pa	ge 2	V 120			
V 120	- diagnosed with a Disruptive - Major Dep - Trauma a - Attention-I Combined Type - prescribed by - oxcarbaze - atomoxeti the morning - amantadire daily - hydroxyzir - sertraline morning - prazosin I- Observation on 7-6-revealed: - 4 containers o - each container opaque lids - the 4 container against the backspl - the containers - medication bo plastic container	h: Mood Dysregulation Disorder pressive Disorder and Stressor Related Disorder Deficit Hyperactivity Disorder, this physician of 5-18-21: Expine 300 mg one, twice daily and HCL 25 mg once daily in the HCL 100 mg one, twice are 25 mg one, twice daily HCL 100 mg two daily in the HCL 1 mg one at bedtime are 121 at approximately 3:55 pm on the kitchen counter rowas clear plastic with the HCL 1 mg one at corner,	V 120			
	- the plastic cormedications - "Med (medications) office, except after lout on the counter" - "They go back	with client #1 revealed: ntainers contained their tion) boxes are usually in the unch they just put the boxes in the office after supper and				
	chores (are comple - "They don ' t s	tay out all night"				

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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	
MILLOAACEO		B. WING		R		
MHL041658		D. WINO		07/0	8/2021	
NAME OF PROVIDER OR SUPPLIER STREET ADD				STATE, ZIP CODE		
WYNME	RE PLACE		MOND DRIVE			
	011111111111111111111111111111111111111		BORO, NC 2		<u> </u>	
(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 120	Continued From pa	ge 3	V 120			
	Interview on 7-7-21 - medication be and placed on the k - they are broug - the boxes are back at night" - "None of the k Mr. [Director/Qualifit to be proactive"	with client #2 revealed: exes were routinely brought out exitchen counter ght out before lunch returned to the office, "put exids have messed with them, fied Professional (D/QP] tries				
	Interview on 7-6-21 with client #3 revealed: - the plastic containers on the kitchen counter did contain their medications - when they are not locked in the office, they are kept on the counter - "sometimes they put them up, and sometimes they leave them on the counter"					
	- medications a and "locked up" - the only time t when they are being - it is not okay t out of the office bet them to the clients - she was surpr out on the kitchen of	with staff #1 revealed: are always stored in the office they are not locked away, is g administered o leave the medication boxes ween times to administer rised to find out they were left counter the day before (7-6-21) have been put up"				
	- all prescribed to be locked in the c - some clients r eat breakfast - those client 's brought out of the c - the boxes are day	with staff #2 revealed: medications were supposed office need medications before they s medication boxes are office before breakfast not supposed to be left out all gets medication at night				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED			
		MHL041658	B. WING			R 08/2021		
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
WYNME	RE PLACE		MOND DRIVI BORO, 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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE		
V 120	(client #2), his box so bringing client the office on 7-6-21 Interview on 7-8-21 the medication the kitchen counter the boxes well finished placing new med box it was not rout medication boxes of the came (entered the Further interview fainterviewed reporter	should stay in the office t #2 's medication box out of , "was an oversight" with the D/QP revealed: n boxes had been left out on	V 120					

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