STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL058-022	A. BUILDING: _____ B. WING _____	R 06/14/2021

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AMANI RESIDENTIAL/HUMAN SERVICES, INC	105 ROBERSON DRIVE WILLIAMSTON, NC 27892

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V 000	INITIAL COMMENTS An Annual, Complaint and Follow Up Survey was completed on June 14, 2021. The complaint (intake #NC000174859) was substantiated. 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 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 1	V 112		

This Rule is not met as evidenced by:
Based on record review, the facility failed to develop and implement strategies in the treatment plan for one of one former clients (FC #20). The findings are:

Review on 06/02/21 of FC #20's record revealed:
-Admitted: 05/04/20
-Discharged: 02/15/21
-Diagnoses: Conduct Disorder, Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, Heart Murmur and Neglect per history.

Review on 06/02/21 of FC #20's treatment plan dated 05/20/20 revealed:
-Previous level III residential placement disrupted due to aggression, destruction of property, defiance and lack of progress.
-Prior to admission to this group home, he was in a PRTF (Psychiatric Residential Treatment Facility) setting in August 2019
-Listed goals that included reduce symptoms of the following disorders such as Conduct and Attention Deficit Hyperactivity and increase skills/competencies related to transitioning to the group home.
-No updates or revisions since 05/20/20

Interview on 06/01/21 the Associate Professional stated the following about FC #20:
-Was "very good" with electronics and technology
-At least twice "hacked into the

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V 112	Continued From page 2 cameras/security" system at the group home. Staff were not sure how FC #20 was able to get pass the password systems. All clients had computer/internet access because of school and their guardians had purchased electronic devices. Interview on 06/02/21 and 06/14/21 the Licensee stated the following about FC #20: -Several incidents occurred that involved both the school (sending inappropriate emails to teachers, looking up personal information) and home (obtaining computer passwords, hacking cell phones) that involved cyber security as well as FC #20 -Was discharged on 02/15/21 for various reasons including he threatened to disclose HIPPA (Health Insurance Portability and Accountability Act) information of his peers, contacted law enforcement and political figures via the internet to report he wanted to go to the hospital. FC #20 did not share specific information he had obtained about his peers or how he was able to get pass security measures in place. -Treatment team (Department of Social Services guardian, Managed Care Organization staff) members were aware that client had accessed computers at home and school. The team did not discuss strategies or develop strategies to address behaviors	V 112		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug	V 121		

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V 121	Continued From page 3 regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure two of four clients (#1 and #2) who received psychotropic drugs obtained a drug regimen review at least every six months. The findings are: Review on 06/01/21 of client #1's record revealed: -Admitted: 05/08/20 -Diagnoses: Major Depressive Disorder, Attention Deficit Hyperactivity Disorder (ADHD) and History of self harm -Age: 16 -Physician's orders dated 02/05/21 listed the following psychotropic medications used to treat psychiatric disorders- Zoloft 25 mg (milligram) one tablet daily (used to treat depression) Adderal XL 25 mg one tablet in the morning (used to treat ADHD) -April-June 2021 Medication Administration Record listed initials Zoloft and Adderal were given -No evidence of psychotropic drug review completed by pharmacist or physician	V 121		

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V 121	Continued From page 4 Review on 06/01/21 of client #2's record revealed: -Admitted: 06/15/20 -Diagnoses: Major Depressive Disorder, ADHD and Oppositional Defiant Disorder -Age: 17 -Physician's order dated 10/20/20 listed Lamotrigine 100 mg one tablet daily (used to treat Bipolar disorder and seizures) -Physician's order dated 11/18/20 listed Trazadone 100 mg one tablet at night (antidepressant and sedative used to treat Depression) -Physician's order dated 11/20/20 listed Vyvanse 70 mg one tablet daily (used to treat ADHD) -March-April 2021 Medication Administration Record listed initials Lamotrigine, Trazadone, Vyvanse were given -No evidence of psychotropic drug review completed by pharmacist or physician During interview on 06/01/21, the Associate Professional stated: -He was aware the facility had been cited in 2019 by the Division of Health Service Regulation for not completing the psychotropic medication review -The agency utilized a national chain pharmacy to fill client's medications. -He had spoken with the national chain pharmacist regarding a psychotropic medication review. The pharmacist was not aware of what to do or what was required. -No psychotropic medication review had been completed for clients #1 and #2 During interview on 06/02/21, the Licensee stated: -He did not have medication reviews	V 121		

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V 121	Continued From page 5 completed by a pharmacist. -The client's physicians completed medication reviews. -He did not have any documentation of the medication reviews completed by the client's physician This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 121		