

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl092-576	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/16/2021
NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT WILLOW SPRING		STREET ADDRESS, CITY, STATE, ZIP CODE 9609 KENNEBEC ROAD WILLOW SPRINGS, NC 27592		
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS A complaint, follow-up and annual survey was completed on 7/16/21. The complaint was substantiated (Intake #NC00177392). 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 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (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 drug. (5) Client requests for medication changes or	V 118		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl092-576	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/16/2021
NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT WILLOW SPRING		STREET ADDRESS, CITY, STATE, ZIP CODE 9609 KENNEBEC ROAD WILLOW SPRINGS, NC 27592		
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	<p>Continued From page 1</p> <p>checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to administer medications on the written order of a physician affecting 4 of 4 audited clients (#1, #2, #3, #4). The findings are:</p> <p>1. Review on 7/6/21 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted 9/2/20 - 18 years old - Diagnoses: Attention-Deficit Hyperactivity Disorder (ADHD) combined, Oppositional Defiant Disorder (ODD), Disruptive Mood Dysregulation Disorder (DMDD), with mixed disturbance of emotion and conduct, Nicotine Use Mild - No physician's orders for the medications listed on the MARs noted below <p>Review on 7/6/21 of client #1's May 2021 - July 2021 MAR revealed:</p> <ul style="list-style-type: none"> - Focalin XR capsule 40 milligrams (mg) (ADHD) - Latuda 60mg (bipolar) - Quetiapine 150mg (antipsychotic) - Clonidine 0.2mg (ADHD) - Guanfacine 2mg (ADHD) - Olanzapine 5mg (antipsychotic) - Trazodone 150mg (antidepressant) - Hydroxyzine 25mg (antihistamine) - Fluticasone 50mcg nasal spray (allergies) 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl092-576	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/16/2021
NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT WILLOW SPRING		STREET ADDRESS, CITY, STATE, ZIP CODE 9609 KENNEBEC ROAD WILLOW SPRINGS, NC 27592		
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> - Montelakaust 10mg (allergies) - Cetirizine 10mg (allergies) - Albuterol HFA inhaler (difficulty breathing) <p>2. Review on 7/6/21 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted 3/1/20 - 16 years old - Diagnoses: Unspecified Depressive disorder (d/o), ODD, ADHD combined type - No physician's orders for the medications listed on the MARs noted below <p>Review on 7/6/21 of client #2's May 2021 - July 2021 MAR revealed:</p> <ul style="list-style-type: none"> - Atomoxetine 60mg (ADHD) - Melatonin 10mg (sleep aid) - Sertraline 100mg (depression) - Clonidine 0.3mg (ADHD) - Quetiapine 50mg (antipsychotic) - Retin-A 0.1% cream 20grams (gm) (acne) - Polyeth Glycol 3350 NF Powder 510gm (constipation) <p>3. Review on 7/6/21 of client #3's record revealed:</p> <ul style="list-style-type: none"> - Admitted 1/8/20 - 17 years old - Diagnoses: Conduct d/o, Cannabis Use d/o, ADHD primarily inattentive, DMDD, Epilepsy, Asthma - No physician's orders for the medications listed on the MARs noted below <p>Review on 7/6/21 of client #3's May 2021 - July 2021 MAR revealed:</p> <ul style="list-style-type: none"> - Fluoxetine 10mg (antidepressant) - Loratadine 10mg (allergies) - Elidel cream 1% (skin) - Levetiracetam 750mg (seizures) 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl092-576	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/16/2021
NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT WILLOW SPRING		STREET ADDRESS, CITY, STATE, ZIP CODE 9609 KENNEBEC ROAD WILLOW SPRINGS, NC 27592		
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> - Fluocin Acet oil .01% (dermatitis) - Divalproex 500mg ER (seizures) - Mirtazapine 15mg (antidepressant) - Prazosin HCL 2mg (hypertension) - Quetiapine 25mg - discontinued per MAR (antipsychotic) - Quetiapine 300mg (antipsychotic) - Albuterol AER HFA inhaler (difficulty breathing) - Ibuprofen 400mg (anti-inflammatory) - Ibuprofen 800mg (anti-inflammatory) <p>4. Review on 7/6/21 & 7/7/21 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted 5/13/20 - 14 years old - Diagnoses: DMDD, ADHD - unspecified type, Trichotillomania, Encopresis not due to a substance or known psychological condition - No physician's orders for the medications listed on the MARs noted below <p>Review on 7/6/21 of client #4's May 2021 - July 2021 MAR revealed:</p> <ul style="list-style-type: none"> - Aripiprazole (antipsychotic) 20mg - Atomoxetine (ADHD) 25mg - Haloperidol (antipsychotic) 1mg - N-Acetyl Cysteine (NAC) (respiratory health) 600mg - Olanzapine (antipsychotic) 5mg (1 tab) - Olanzapine (antipsychotic) 5mg (1/2 tab) - Hydroxyz HCL (allergies) 50mg - Haloperidol (antipsychotic) 1mg - Ibuprofen (anti-inflammatory) 600mg - Olanzapine (antipsychotic) 5mg - Polyeth Glycol 3350 NF powder (constipation) - Chocolate laxative pieces (constipation) <p>Interview on 7/6/21 Staff #3 reported:</p> <ul style="list-style-type: none"> - He was responsible for updated physician 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl092-576	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/16/2021
NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT WILLOW SPRING		STREET ADDRESS, CITY, STATE, ZIP CODE 9609 KENNEBEC ROAD WILLOW SPRINGS, NC 27592		
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	Continued From page 4 orders being placed in the client's records - He put in a request this morning to get the updated physician orders sent to him Interview on 7/8/21 the Director reported: - Staff #3 was responsible for making sure that physician orders were in the client records - He was trying to get the orders corrected because the pharmacy was sending them copies that were cut off and not readable - That it was harder to get copies instead of leaving the appointment with a hard copy in hand since everything was electronic This deficiency constitutes a recited deficiency and must be corrected within 30 days.	V 118		
V 293	27G .1701 Residential Tx. Child/Adol - Scope 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall	V 293		

Division of Health Service Regulation
STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl092-576	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/16/2021
NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT WILLOW SPRING		STREET ADDRESS, CITY, STATE, ZIP CODE 9609 KENNEBEC ROAD WILLOW SPRINGS, NC 27592		
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 293	<p>Continued From page 6</p> <ul style="list-style-type: none"> - 16 years old - Diagnoses: Unspecified Depressive disorder (d/o), ODD (Oppositional Defiant Disorder), ADHD (Attention deficit/hyperactivity disorder)-combined type - No individual therapeutic treatment to meet his needs regarding the freeze program <p>Review on 7/6/21 & 7/7/21 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted 5/13/20 - 14 years old - Diagnoses: DMDD (Disruptive mood dysregulation disorder), ADHD - unspecified type, Trichotillomania, Encopresis not due to a substance or known psychological condition - No individual therapeutic treatment to meet his needs regarding the freeze program <p>Review on 7/9/21 of the facility rules revealed the document did not explain the definition of freeze but had the number of days per incident that a client could be put on freeze.</p> <p>Interview on 7/9/21 the Director reported:</p> <ul style="list-style-type: none"> - Freeze was a consequence of a loss of privileges when a client doesn't follow the rules <p>Interview on 7/7/21 client #2 reported:</p> <ul style="list-style-type: none"> - Freeze depends on what you have done - He had been on freeze for 3 or 4 days - Fighting was an automatic freeze - Not sure when he was getting off - There are more kids on freeze than off <p>Interview on 7/7/21 client #4 reported:</p> <ul style="list-style-type: none"> - They visit the sister facility every evening when they leave the boxing gym - He only sits down at the sister facility because he is on freeze 	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl092-576	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/16/2021
NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT WILLOW SPRING		STREET ADDRESS, CITY, STATE, ZIP CODE 9609 KENNEBEC ROAD WILLOW SPRINGS, NC 27592		
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 293	<p>Continued From page 7</p> <ul style="list-style-type: none"> - Didn't know how long he had been on freeze - Didn't know when he was getting off of freeze <p>Interview on 7/9/21 staff #3 reported:</p> <ul style="list-style-type: none"> - No tracking method for freeze - The Director is the only one to put them on and take them off - The Director tells the staff who is on freeze and when they are off of freeze - He didn't know how long client #1 & client #4 had been on freeze <p>Interview on 7/9/21 staff #5 reported:</p> <ul style="list-style-type: none"> - Freeze are for bad behaviors - Client's normally stay on freeze for 24 hours, but depends on the behavior if it's longer - Client #1 and #4 are on freeze and have been on freeze for about a month - Only the Director can put the clients on freeze and take them off of freeze <p>Interview on 7/8/21 staff #6 reported:</p> <ul style="list-style-type: none"> - When they are on freeze, they don't do anything but just sit there and read a book or do a puzzle - Freeze was when the clients break a rule and they have to be away from the group so they don't distract the others - Client #1 had been on freeze since he had been there at least 97% of the time - It seems that client #1 can do something simple and is put on freeze - Thought it could be some frustration from client #1 being on freeze for so long <p>Interview on 7/9/21 the Director reported:</p> <ul style="list-style-type: none"> - Consequences weren't just freeze but it could be a loss of games and/or outings - Clients were separated from the group for certain activities when on freeze 	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl092-576	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/16/2021
NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT WILLOW SPRING		STREET ADDRESS, CITY, STATE, ZIP CODE 9609 KENNEBEC ROAD WILLOW SPRINGS, NC 27592		
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 293	Continued From page 8 <ul style="list-style-type: none"> - A client is put on freeze when they don't follow the rules of the facility - He was the only one that puts them on freeze - He told the staff when the clients were off - There was no minimum or maximum for freeze - 3 days was usually the longest that a client was on freeze - Freeze was no longer than 3 days at a time per incident - Client #1 was not on freeze - Client #1 had a hard time interacting with the other clients so they gave him time and space alone or to let him read books - There was no documentation in reference to freeze as to when they go on, what they are on for and how long they are on - Staff only know because they tell each other that a client is on freeze <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	V 293		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing <p>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS</p> <p>(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.</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or</p>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl092-576	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/16/2021
NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT WILLOW SPRING		STREET ADDRESS, CITY, STATE, ZIP CODE 9609 KENNEBEC ROAD WILLOW SPRINGS, NC 27592		
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 296	<p>Continued From page 9</p> <p>adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) 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.</p> <p>(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.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to provide minimum staffing affecting 4 of 4 audited clients (#1, #2, #3, #4). The findings are:</p>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl092-576	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/16/2021
NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT WILLOW SPRING		STREET ADDRESS, CITY, STATE, ZIP CODE 9609 KENNEBEC ROAD WILLOW SPRINGS, NC 27592		
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 296	<p>Continued From page 10</p> <p>1. Review on 7/6/21 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted 9/2/20 - 18 years old - Diagnoses: Attention-Deficit Hyperactivity Disorder (ADHD) combined, Oppositional Defiant Disorder (ODD), Disruptive Mood Dysregulation Disorder (DMDD), with mixed disturbance of emotion and conduct, Nicotine Use Mild - History (hx) of elopement, substance abuse, impulsivity and acting out <p>Interview on 7/7/21 client #1 reported:</p> <ul style="list-style-type: none"> - 2 staff in the facility - Staff were always changing - No primary staff in the facility - Yesterday going to the park it was 3 staff on the van with both facilities <p>2. Review on 7/6/21 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted 3/1/20 - 16 years old - Diagnoses: Unspecified Depressive disorder (d/o), ODD, ADHD combined type - Hx of non-compliance with authority figures <p>Interview on 7/7/21 client #2 reported:</p> <ul style="list-style-type: none"> - When all the client's from both facilities are on the van, there are usually 2 staff on the van - Staff split up 2 kids with each (1) staff when they are transported to their facility in the staff's personal car <p>3. Review on 7/6/21 of client #3's record revealed:</p> <ul style="list-style-type: none"> - Admitted 1/8/20 - 17 years old - Diagnoses: Conduct d/o, Cannabis Use d/o, ADHD primarily inattentive, DMDD, Epilepsy, 	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl092-576	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/16/2021
NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT WILLOW SPRING		STREET ADDRESS, CITY, STATE, ZIP CODE 9609 KENNEBEC ROAD WILLOW SPRINGS, NC 27592		
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 296	<p>Continued From page 11</p> <p>Asthma</p> <ul style="list-style-type: none"> - Hx of aggression, non-compliance, substance abuse, gang involvement, running away <p>Interview on 7/7/21 client #3 reported:</p> <ul style="list-style-type: none"> - It's different staff each day - 2 or 3 staff are in the van with his facility - Always at least 2-3 staff in the facility at all times - When they have medical appointments all client's ride together because they all have appointments at the same time - 4 kids may go one day to the dentist and the other 4 the next day - There are 3 staff on the van when they go on outings with all client's (both houses) <p>4. Review on 7/6/21 & 7/7/21 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted 5/13/20 - 14 years old - Diagnoses: DMDD, ADHD - unspecified type, Trichotillomania, Encopresis not due to a substance or known psychological condition - Hx of aggressive behaviors, peer conflict, acting out, excessive non-compliance <p>Interview on 7/7/21 client #4 reported:</p> <ul style="list-style-type: none"> - 2 staff are on the van whether it's 4 or 8 clients on the van <p>Interview on 7/8/21 staff #6 reported:</p> <ul style="list-style-type: none"> - He worked 2nd shift - Transported the clients to their respective facility - 3 staff are working but there are times that it's only 2 - It's 2 when there's not enough staff even when they have both facilities 	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl092-576	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/16/2021
NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT WILLOW SPRING		STREET ADDRESS, CITY, STATE, ZIP CODE 9609 KENNEBEC ROAD WILLOW SPRINGS, NC 27592		
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 296	<p>Continued From page 12</p> <ul style="list-style-type: none"> - 1 staff using personal vehicle with 2 - 4 clients to transport - Depending on staff availability, 1 staff can transport 4 clients - Usually 1 staff have 2 clients in one car and the other staff have 2 clients in their car - No 2 staff ride together in their personal cars - His understanding is that in the facility and in the car, the ratio is 1 staff to 2 clients <p>Interview on 7/8/21 staff #8 reported:</p> <ul style="list-style-type: none"> - Worked 3rd shift 11pm - 7am only but would sometimes come in at 9pm - Sometimes the clients from this facility are at the sister facility and need to be transported when she comes on shift - They transport in their personal cars and 2 clients are in each car (no other staff riding in the same car) - Her understanding of the ratio of staff to clients in the car was 1 staff to 2 clients <p>Interview on 7/9/21 the Director reported:</p> <ul style="list-style-type: none"> - He only had one van to transport the clients - It doesn't make sense to take one facility somewhere in the van then go back and get the other facility - The staff transports in their personal cars, so if there is 1 staff with 2 clients and another staff with 2 clients in a car right behind them "then there is nothing wrong with that" - They can't have 2 staff and 2 clients in a car so each staff transports 2 clients - If the state would like to give him more money for another van, "then I will take it" <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl092-576	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/16/2021
NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT WILLOW SPRING		STREET ADDRESS, CITY, STATE, ZIP CODE 9609 KENNEBEC ROAD WILLOW SPRINGS, NC 27592		
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736 V 736	Continued From page 13 27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a safe, attractive and orderly manner. The findings are: Observation on 7/7/21 at 1:41pm revealed: - Exterior of home stained with brown spots surrounding the front door - Outside light fixture had cob webs and was dirty - Railing was separating with a gap between the post and the railing Living room area: - Ceiling cracking alongside frame above the front window - Vent on wall closer to the floor was dusty - Carpet had black stains on it by the television Hallway: - Hole in the wall covered by colored wallpaper that was peeling off - Red stain in the carpet by the wall under the hole - Corner of wall edge had some missing paint - Corner of wall had a gash in it	V 736 V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl092-576	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/16/2021
NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT WILLOW SPRING		STREET ADDRESS, CITY, STATE, ZIP CODE 9609 KENNEBEC ROAD WILLOW SPRINGS, NC 27592		
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	Continued From page 14 Kitchen: <ul style="list-style-type: none"> - Refrigerator door dirty on the outside and stained with brown spots - Side of counter top surface was peeling off - Top of the inside back door frame had peeling wood - Bottom of back screen door frame was dirty with remnants of bugs - Back door was dirty with bug remnants and peeling wood - The planks on the deck looked rotted and chipping - Some planks were lifted and not even with other planks Bathroom in hallway: <ul style="list-style-type: none"> - Caulking around the toilet was peeling and cracking - Cabinet door under the sink had a gap in it and didn't fully close - Rug was ripped - Area of the wall by the rug where the caulk was lifting causing a gap - Towel bar missing on the wall by the bathtub exposing the screws - Floor between the toilet and the wall was lifting causing a gap Client #4's room: <ul style="list-style-type: none"> - Small hole in the closet door - Cracks and brown stains in ceiling - Damage to frame around door Client #2's room: <ul style="list-style-type: none"> - No closet door - Closet door frame dirty - Bed was sinking in the middle of the mattress - Dirty light fixture in the ceiling - One bulb was not working 	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl092-576	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/16/2021
NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT WILLOW SPRING		STREET ADDRESS, CITY, STATE, ZIP CODE 9609 KENNEBEC ROAD WILLOW SPRINGS, NC 27592		
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	<p>Continued From page 15</p> <p>Client #1 & #3's bathroom:</p> <ul style="list-style-type: none"> - No door where only the sink is located - No toilet paper <p>Interview on 7/8/21 the Director reported:</p> <ul style="list-style-type: none"> - Staff was not doing a good job reporting any maintenance issues to him - He inspected the house daily - Working on getting the planks on the deck replaced - One plank has already been replaced but the whole top portion of the deck needed to be replaced - He was working on it as well as the other repairs around the facility - It's been hard getting workers out to fix anything due to COVID - "Just cite whatever you're going to cite and we'll get it fixed" <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	V 736		