STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL051-151	A. BUILDING: _____ B. WING _____	R 07/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED FAMILY NETWORK AT RIDGE ROAD	1259 RIDGE ROAD ANGIER, NC 27501

(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 An Annual, Complaint and Follow Up Survey was completed on July 16, 2021. The complaint was unsubstantiated (Intake #NC001773211). Deficiencies were cited. This facility is licensed for the following service: 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 checks shall be recorded and kept with the MAR	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL051-151	A. BUILDING: _____ B. WING _____	R 07/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED FAMILY NETWORK AT RIDGE ROAD	1259 RIDGE ROAD ANGIER, NC 27501

(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 1 file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to administer medications on the written authorization of a physician, assure medications were administered as prescribed as well as assure the MARs were current. This affected 4 of 4 clients (#1-#4). The findings are: I. Example facility failed to have physician's orders a. Review on 07/06/21 of client #1's record revealed: -Admitted: 04/22/19 -Diagnoses: Oppositional Defiant Disorder (ODD), Cannibus use, Disruptive Mood Dysregulation Disorder and ADHD (Attention Deficit Hyperactivity Disorder) -Age: 16 -May-July 2021 MARs listed initials the following medications were administered Prozac 20 mg (milligram) one tablet (tab) every AM (Depression) Focalin XR 40 mg one tab every AM (ADHD) Intuniv 3 mg ER one tab daily (as needed) prn (ADHD) Abilify 10 mg one tab at night (mood/mental disorders) Seroquel XR 150 mg one tab at night	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL051-151	A. BUILDING: _____ B. WING _____	R 07/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED FAMILY NETWORK AT RIDGE ROAD	1259 RIDGE ROAD ANGIER, NC 27501

(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 2 (mood/mental disorders) -May 2021 listed Albuterol 18 gm (gram) 2 puffs every 6 hours as needed (bronchospasm) -No physician's orders for the above medications listed on the MARs b. Review on 07/06/21 of client #2's record revealed: -Admitted: 05/13/20 -Diagnoses: Disruptive Mood Dysregulation Disorder -Age: 13 -May-July 2021 listed initials the following medications were administered Asenapine 10 mg one tablet in the AM under tongue (schizophrenia and acute mania associated with bipolar disorder) Strattera 25 mg two tabs in am (ADHD) Zyprexa 15 mg one tab daily(mental disorders) Polyethylene 3350 1 pack mixed with water (laxative) Depakote 125 mg three tabs twice daily (seizures and bipolar) Intuniv 2 mg one tab by mouth twice a day Abilify 20 mg one tab daily Remeron 15 mg one tab at night (depression) Asenapine 5 mg one tab prn for agitation -No physician's orders for the above medications listed on the MARs c. Review on 07/06/21 of client #3's record revealed: -Admitted: 11/30/20 -Diagnoses: ODD, ADHD -Age: 15 -May-July 2021 MAR listed initials the following were administered	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL051-151	A. BUILDING: _____ B. WING _____	R 07/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED FAMILY NETWORK AT RIDGE ROAD	1259 RIDGE ROAD ANGIER, NC 27501

(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 3	V 118		

Polyethylene Glycol 3350 mg one cupful 17 g in 8 oz water daily
Lithium 300 mg ER two tabs twice daily (bipolar)
Loratadine 10 mg one tab at night (allergies)
Fluticasone Prop 50 spray in each nostril daily (steroid to treat allergies)
-May -June 14, 2021 MARs listed initials the following was administered
Invega ER 3 mg one tab daily
Focalin 5 mg one tab daily
-June 15-July 7, 2021 MARs listed initials the following were administered
Quillivant sub 25 mg/5ml give 6 ml every am (stimulant used to treat ADHD)
-July 2021 MAR listed initials the following was administered
Vitamin D2 2000 u one cap daily
-No physician's orders for the above medications listed on the MARs

d. Review on 07/08/21 of client #4's record revealed:
-Admitted: 06/29/20
-Diagnoses: ODD, Major Depressive Disorder and unspecified Anxiety Disorder
-Age: 13
-Treatment plan updated 06/01/21 when transported
- May-July 2021 MARs listed initials the following were administered
Attar 25 mg one tab three times a day PRN
Melatonin 3 mg one every night pm
Zyprexa 10 mg one tab twice a day
Depakote ER 250 mg ER one tab twice a day
Prozac 20 mg one in am
Intuniv 2 mg one in the am

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL051-151	A. BUILDING: _____ B. WING _____	R 07/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED FAMILY NETWORK AT RIDGE ROAD	1259 RIDGE ROAD ANGIER, NC 27501

(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 Depakote 250 mg one tab twice a day Asenapine 5 mg one tab under tongue twice a day prn -No physician's orders for the above medications listed on the MARs Interview on 07/06/21 staff #3 reported he: -Was aware physician's orders were not in the client's records -Due to COVID-19, client had not gone to the physicians' offices and used telehealth -Requested the physician's offices to send the most updated orders -Was responsible for updated physician orders being placed in the client's records Interview on 07/08/21 the Director reported: -Staff #3 was responsible for making sure physician orders were in the client records -Most physician's utilized electronic signatures directly to the pharmacist. - It was harder to get copies of physician's orders. II. Example failed to administer meds as ordered: a. Observation on 07/06/21 between 11:00am-12:30pm of client #2's medications revealed Haldol 2 mg one every AM was dispensed 05/28/21 (antipsychotic used to treat mental disorders) Review on 07/06/21 of client #2's record revealed: -Physician's order dated 09/02/20 listed Haldol 1 mg one tab in the morning and one tab prn at night -May-July 2021 listed the initials Haldol 2 mg one tab every AM was administered	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL051-151	A. BUILDING: _____ B. WING _____	R 07/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED FAMILY NETWORK AT RIDGE ROAD	1259 RIDGE ROAD ANGIER, NC 27501

(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 5 Interview on 07/06/21 staff #3 reported he: -Was aware of the discrepancy in the medication instructions of the 09/02/20 physician's order and the instructions from the pharmacy label. -Tried to obtain the orders from the pharmacy. The machine cut off some information and the faxes were not readable -Medications were administered per instructions from the pharmacy. III. Example MAR not current a. Review on 07/06/21 of client #1's record revealed: -May 2021 MAR listed Albuterol 18 gm (grams) 2 puffs every 6 hrs prn. -July 2021 MARs do not list Albuterol b. Review on 07/06/21 of client #2's record revealed: -May and July MARs 2021 do not list the following as administered Strattera 25 mg 2 tabs in AM as administered Zyprexa 15 mg one daily -June 2021 MAR did not list as a medication Strattera 25 mg 2 tabs in AM Zyprexa 15 mg one daily Haldol 2 mg 1/2 tab once daily prn c. Review on 07/06/21 of client #3's record revealed -June 16th-July 2021 MAR listed no initials Invega ER 3 mg one tab daily was administered Interview on 07/06/21 staff #3 reported he: -Reviewed the client's MARs -Had not noticed any concerns on the MARs prior to this survey.	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL051-151	A. BUILDING: _____ B. WING _____	R 07/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED FAMILY NETWORK AT RIDGE ROAD	1259 RIDGE ROAD ANGIER, NC 27501

(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 6 Interview on 07/08/21 the Director reported: -Staff #3 provided oversight of the medications	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 require the following: (1) removal from home to a community-based residential setting in order to facilitate treatment; and (2) treatment in a staff secure setting. (e) Services shall be designed to: (1) include individualized supervision and structure of daily living; (2) minimize the occurrence of behaviors related to functional deficits; (3) ensure safety and deescalate out of control behaviors including frequent crisis	V 293		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL051-151	A. BUILDING: _____ B. WING _____	R 07/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED FAMILY NETWORK AT RIDGE ROAD	1259 RIDGE ROAD ANGIER, NC 27501

(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 7 management with or without physical restraint; (4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and (5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting. (f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide structure of daily living affecting 3 of 4 audited clients (#2, #3 and #4). The findings are: Review on 07/06/21 of client #2's record revealed: -Admitted: 05/13/20 -Diagnoses: Disruptive Mood Dysregulation Disorder -Age: 13 -No individual therapeutic treatment to meet his needs regarding the "freeze" program Review on 07/06/21 of client #3's record revealed: -Admitted: 11/30/20 -Diagnoses: ODD (Oppositional Defiant	V 293		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL051-151	A. BUILDING: _____ B. WING _____	R 07/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED FAMILY NETWORK AT RIDGE ROAD	1259 RIDGE ROAD ANGIER, NC 27501

(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 Disorder (ODD) and Attention Deficit Hyperactivity Disorder (ADHD) -Age: 15 -No individual therapeutic treatment to meet his needs regarding the "freeze" program Review on 07/08/21 of client #4's record revealed: -Admitted: 06/29/20 -Diagnoses: ODD, Major Depressive Disorder and unspecified Anxiety Disorder -Age: 13 -No individual therapeutic treatment to meet his needs regarding the "freeze" program Interview on 07/09/21 the Director reported: -"Freeze" was a consequence of a loss of privileges when a client did not follow the rules -Length of "Freeze" varied from hours to several days -"Freeze" was not the only consequence. Loss of games privileges and/or outings were also utilized Review on 07/09/21 of the facility's rules document revealed: -"Must comply with all rules and directives at all times to avoid consequences" -No definition of "freeze" -The number of days per violation that a client could be put on "freeze." Examples include but not limited to the following... Must complete daily and nightly hygiene in 10 minutes or less (3-5 days) No shorts on under pants (3-5 days) No talking, touching car components or adjusting seat in facility or staff vehicle (3-5 days) No cross room talking (3-5 days) Review between 07/06/21 and 07/09/21 of the	V 293		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL051-151	A. BUILDING: _____ B. WING _____	R 07/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED FAMILY NETWORK AT RIDGE ROAD	1259 RIDGE ROAD ANGIER, NC 27501

(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 9	V 293		

facility's record revealed no evidence of the following:
-Rational client received consequences or placed on "freeze"
-Length of "freeze" or consequences

Interviews on 07/07/21 client #2, client #3 and client #4 reported:
-All were on "freeze" status
-None provided why they were on "freeze" or the length of their "freeze."
-Both client #2 and #3 concluded they had been on "freeze" for months at a time

Interview on 07/09/21 staff #3 reported:
-Facility did not have documentation regarding the "freeze" program
-Only the Director placed clients on and off of "freeze" status
-Staff shared information with the Director regarding the client's behavior or violation of the rule. The Director determined the length of the "freeze" consequence.

Interview on 07/08/21 staff #4 reported:
-Clients were placed on "freeze" status for various reasons by the Director
-He was told by word of mouth the clients were on "freeze" status
-Clients would come off of freeze but often returned to "freeze" status same day or within the next few days.
-At the time of this interview, client #2 and #4 were on "freeze" status.

Interview on 070/9/21 the Director reported:
-Clients #2 and #4 were not on "freeze."
-He had no documentation regarding who was on "freeze" or the length of the consequences

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL051-151	A. BUILDING: _____ B. WING _____	R 07/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED FAMILY NETWORK AT RIDGE ROAD	1259 RIDGE ROAD ANGIER, NC 27501

(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	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (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. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (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. (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. (e) Each facility shall be responsible for ensuring	V 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL051-151	A. BUILDING: _____ B. WING _____	R 07/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED FAMILY NETWORK AT RIDGE ROAD	1259 RIDGE ROAD ANGIER, NC 27501

(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	Continued From page 11 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. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure supervision of 4 of 4 clients (#1-#4) when away from the facility in accordance with their individual strengths and needs as specified in the treatment plan. The findings are: Review on 07/06/21 of client #1's record revealed: -Admitted: 04/22/19 -Diagnoses: Oppositional Defiant Disorder (ODD), Cannibus use, Disruptive Mood Dysregulation Disorder and ADHD (Attention Deficit Hyperactivity Disorder) -Age: 16 -Treatment plan updated 07/01/21 revealed the following intervention: "Residential Level III provider will utilize single occupancy in the community: [Client #1] may be transported to appointments by one staff member." Review on 07/06/21 of client #2's record revealed: -Admitted: 05/13/20 -Diagnoses: Disruptive Mood Dysregulation Disorder -Age: 13 - Treatment plan updated 06/04/21 revealed the following intervention "Residential Level III	V 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL051-151	A. BUILDING: _____ B. WING _____	R 07/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED FAMILY NETWORK AT RIDGE ROAD	1259 RIDGE ROAD ANGIER, NC 27501

(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	Continued From page 12 provider will utilize single occupancy in the community: [Client #2] may be transported to appointments by one staff member." Review on 07/06/21 of client #3's record revealed: -Admitted: 11/30/20 -Diagnoses: ODD and ADHD -Age: 15 - Treatment plan updated 05/06/21 revealed the following intervention: "Residential Level III provider will utilize single occupancy in the community: [Client #3] may be transported to appointments by one staff member." Review on 07/08/21 of client #4's record revealed: -Admitted: 06/29/20 -Diagnoses: ODD, Major Depressive Disorder and unspecified Anxiety Disorder -Age: 13 - Treatment plan updated 06/01/21 intervention: "group home will utilize single occupancy in the community: [Client #4] may be transported to appointments by one staff member." During interview on 07/09/21, staff #1 reported: -Single occupancy in the community meant client could be transported by one staff in the staff's car or van for appointments. During interviews on 07/08/21, staff #3 stated he: -Worked 3rd shift 11:00pm-7:00am -Transported clients from the group home to the gym in the morning to gym around 6:45am -Transported 2 clients from this home to the gym in his car. His coworker transported the other 2 clients in a separate car	V 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL051-151	A. BUILDING: _____ B. WING _____	R 07/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED FAMILY NETWORK AT RIDGE ROAD	1259 RIDGE ROAD ANGIER, NC 27501

(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	Continued From page 13 During interviews on 07/07/21, four of four clients stated: -All clients were transported to and from the gym with 1 staff per 2 clients -For outings, they were transported in one van with 3-4 staff present During interview on 07/09/21, the Director stated: -Division of Health Service Regulation "erroneously" interpreted the staffing rule as he was part of the committee who wrote the rules regarding -He could have one staff transport clients in the community	V 296		
V 736	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 interview and observation, the facility failed to ensure the home was maintained in a clean, safe, orderly and attractive manner. The findings are: Observation and tour of the facility on 07/07/21 between 1:50pm-2:30pm revealed the following: -Entrance to the Home a. Columns on porch: hole size of large softball in column exposing wood/material in first	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL051-151	A. BUILDING: _____ B. WING _____	R 07/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED FAMILY NETWORK AT RIDGE ROAD	1259 RIDGE ROAD ANGIER, NC 27501

(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 column. Second column had been repaired but wood protruding from the back which left a crack. b. Thick layer of cobwebs noted around light fixture -Bedroom occupied by two clients a. Flooring- edges of area rug extended up not secured which could be trip hazard b. Dresser- paint peeling and cracked, knob broken c. Lighting over bathtub missing covering d. Shower drain not secured -Living Room a. Multiple area rugs corners extended up- not secured to reduce trip hazards b. Plastic walkway runners rippled that could result in trip or fall c. Stain noted in carpet -Kitchen area a. Cabinet located below the kitchen sink doors would not close. Closer observation noted doors separated from the cabinet b. Wood flooring separating in the kitchen near the refrigerator area During interview on 07/08/21, the Director stated: -Regarding the upkeep and maintenance of the home, he was responsible. -He conducted inspections of the home -Usually the staff let him know of any areas of concerns or repairs needed. "They not done a good job." -He also worked at the home. -With COVID, the group home just been allowed to get people back in the home. -It was difficult to find good reliable contractors to complete work due to the boom in construction.	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL051-151	A. BUILDING: _____ B. WING _____	R 07/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED FAMILY NETWORK AT RIDGE ROAD	1259 RIDGE ROAD ANGIER, NC 27501

(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 15 -Whatever was cited in regards for deficiencies, he would repair.	V 736		