STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL036-352	B. WING				
		MITLU36-352		**************************************	09/29/2021		
IAME OF PE	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
IEW BRID	GE	2442 SA	NDHURST COURT				
		GASTON	NIA, NC 28054				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE			
V 000	INITIAL COMMENTS		V 000				
	9/29/21. The complain (Intake # NC0018008 This facility is licensed	aint survey was completed ints were unsubstantiated 5). Deficiencies were cited. In the following services 27G .1700 Residential for the for Children or					
	27G .0209 (C) Medica		V 118				
	only be administered	stration: n-prescription drugs shall to a client on the written norized by law to prescribe					
	clients only when auth	pe self-administered by norized in writing by the					
	administered only by I unlicensed persons tra pharmacist or other le privileged to prepare a	ding injections, shall be icensed persons, or by ained by a registered nurse, gally qualified person and and administer medications.					
	all drugs administered current. Medications a	after administration. The					
	(A) client's name;(B) name, strength, ar	nd quantity of the drug;		RECEIVE			
		ministering the drug; drug is administered; and person administering the		OCT 2 7 20			
	(5) Client requests for	medication changes or led and kept with the MAR					

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ B. WNG MHL036-352 09/29/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2442 SANDHURST COURT **NEW BRIDGE** GASTONIA, NC 28054 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 118 Continued From page 1 V 118 file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure medications Executive Director were administered to a client on the written order of a person authorized by law to prescribe drugs will ensure that affecting 2 of 2 audited clients (client #1 and client #2). The findings are: whenever any medication is Review on 9/28/21 of client #1's record revealed: - Admission date 6/14/21: added, altered or - Diagnoses of Disruptive Mood Dysregulation Disorder and Post Traumatic Stress Disorder; discontinued, the - Age 13. Physician will Review on 9/28/21 of client #1's July, August and complete a signed September 2021 MAR revealed: - No signed physicians order for the following: "Physician order" form stating any guanfacine(ADHD) 1mg(milligram) 1 tab (tablet) each morning and each evening, loratadine(allergy symptoms) 10mg 1 tab each changes in Medimorning, Ibuprofen(pain reliever) 400mg 1 tab as need, hydroxyzine pamoate(allergies) 25mg 1 tab cation. as needed, pro air(inhaler) 90mcg(microgram) 2 puffs as needed: - September 2021 MAR revealed topiramate(prevent seizure) 50mg 1 tab each evening was discontinued on 9/8/21; - No physicians order to discontinue topiramate 50mg 1 tab each evening.

- Medications listed on the September 2021 MAR were as follows: sertraline(depression) 50mg 1

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL036-352 09/29/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2442 SANDHURST COURT **NEW BRIDGE** GASTONIA, NC 28054 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) V 118 Continued From page 2 V 118 tab each morning, guanfacine 1mg 1 tab each morning and each evening, oxcarbazepine(seizure) 300mg 1 tab each morning and each evening, loratadine 10mg 1 tab each morning, topiramate 50mg 1 tab each evening, aripiprazole(depression) 10mg 1 tab each evening, ibuprofen 400mg 1 tab as need, hydroxyzine pamoate 25mg 1 tab as needed, pro air 90mcg 2 puffs as needed. Review on 9/28/21 of client #2's record revealed: - Admission date 7/26/21; - Diagnoses of Disruptive Mood Dysregulation Disorder and Persistent Depressive Disorder; - Age 16. Review on 9/28/21 of client #2's July, August, and September 2021 MAR revealed: -No signed physicians order for the following: lexapro(depression) 5mg 1 tab each morning, famotidine(antacid) 20mg 1 tab each morning and evening, melatonin(sleep aid) 1mg 3 tab as need, Ibuprofen(pain reliever) 200mg 1 tab as need: - September 2021 MAR revealed altavera(birth control) 0.15/0.03mg 1 tab each morning, benadryl(antihistamine) 25mg 1 tab as needed were discontinued on 9/2/21; - No physicians order to discontinue altavera(birth control) 0.15/0.03mg 1 tab each morning, benadryl(antihistamine) 25mg 1 tab as needed. -Medications listed on the September 2021 MAR are as follows: lexapro 10mg 1 tab each morning, lexapro 5mg 1 tab each morning, altavera 0.15mg/0.03mg 1 tab each morning, famotidine 20mg 1 tab each morning and evening, melatonin 1mg 3 tab as need, Ibuprofen 200mg 1 tab as need, benadryl 25mg 1 tab as needed.

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Observation on 9/28/21 at 3:35pm of client #1's

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING MHL036-352 09/29/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2442 SANDHURST COURT **NEW BRIDGE** GASTONIA, NC 28054 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 118 Continued From page 3 V 118 medication with pharmacy dispensed date - Sertraline 50mg 1 tab each morning dispensed 9/9/21, guanfacine 1mg 1 tab each morning and each evening dispensed 9/9/21, oxcarbazepine 300mg 1 tab each morning and each evening dispensed 9/9/21, loratadine 10mg 1 tab each morning dispensed 9/9/21, aripiprazole 10mg 1 tab each evening dispensed 9/9/21, Ibuprofen 400mg 1 tab as need OTC (over the counter) dispensed 8/10/21, hydroxyzine pamoate 25mg 1 tab as needed dispensed 6/14/21, pro air 90mcg dispensed 9/9/21. Observation on 9/28/21 at 3:00pm of client #2's medication with pharmacy dispensed date revealed: - Lexapro 10mg 1 tab each morning dispensed 9/17/21, Lexapro 5mg 1 tab each morning dispensed 9/17/21, famotidine 20mg 1 tab each morning and evening dispensed 9/1/21, melatonin 1mg 3 tab as need OTC, ibuprofen 200mg 1 tab as need OTC, Interview on 9/28/21 with the Director/Licensee revealed: -When asked to provide the signed medication orders for clients #1 and #2, the Director/Licensee revealed she did not have any signed physicians orders at the facility for review and was having a hard time getting signed orders from the provider. Interview and record review on 9/29/21 with the Director/Licensee revealed: -Provided signed orders dated for 9/29/21 for client #1 as follows: pro air 90mg 2 puffs as needed, hydroxyzine pamoate 25mg 1 tab as

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needed, Ibuprofen 400mg 1 tab as needed.

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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	
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MHL036-352			B. WING		09/29/2021	
NAME OF PROVIDER OR SUPPL	JER		DRESS, CITY, ST			
NEW BRIDGE 2442 SANDHURST COURT GASTONIA, NC 28054						
PREFIX (EACH DE	FICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
discontinue ordeach evening of a Provided sign #2 as follows: with 10mg 1 taprn start on 9/1 morning and exact bedtime as 18/19/21, discor 9/1/21; She had difficus on 9/29/21 and Division of Heat Division of Heat V131 G.S. 131E-256 Verification G.S. §131E-256 Verification	ng 1 table der to seeffective need ord escitated by in the 1/21, far evening needed nation as a culty geafter the alth Series (D2) Harris	o, guanfacine 1mg 1 tab and top topiramate 50mg 1 tab e 9/8/21; ers dated 9/29/21 for client opram(Lexapro) 5mg 1 tab e morning, ibuprofen 200mg motidine 20mg 1 in the start 9/1/21, melatonin 3mg discontinue benadryl on altavera birth control pills on titing signed orders but did e orders were requested by vice Regulation Surveyor. ICPR - Prior Employment LTH CARE PERSONNEL Ith care personnel into a service, every employer at a all access the Health Care dishall note each incident priate business files.	V 118	The qualified Professional and or Executive Director will ensure the the Care Personnel Registry will be accessed prior to offering employment well as printer and placed into the personnel file.	alth e	

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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	
		MHL036-352	B. WING		09	9/29/2021	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATI				
NEW BRI	OGE		NDHURST COURT IIA, NC 28054				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	(X5) COMPLETE DATE		
V 131	Review on 9/28/21 of srevealed: - Date of Hire 2/1/21; - Job description of Di - HCPR report was da Review on 9/28/21 of revealed: - Date of Hire 2/1/21; - Job description of Di - HCPR report was da Review on 9/28/21 of personnel record reveDate of Hire 12/16/20; - Job description of Qu - HCPR report was da Interview on 9/28/21 wrevealed: - Accessed the HCPR - The HCPR reports withat was the reason fo Unable to provide proprior to August 2021;	staff #1's personnel record rect Care Worker; sted on 8/9/21. staff #2's personnel record rect Care Worker; sted on 8/9/21. Qualified Professional's aled: 0; alified Professional; sted on 1/7/21. with the Director/Licensee prior to August 2021; were printed in August and	V 131				

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