	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE : COMPI	
		MHL001-162	B. WING		02/0	8/2022
NAME OF F	ROVIDER OR SUPPLIER			STATE, ZIP CODE	•	
ALL GOD	'S CHILDREN OF BU	RLINGTON 101 RUBY	LANE ER, NC 2725	58		
(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 000}	INITIAL COMMENT	TS .	{V 000}			
	A follow up survey v 2022. Deficiencies v	was completed on February 8, were cited.				
		sed for the following service C 27G .1700 Residential cure for Children or				
	The survey sample current clients.	consisted of audits of 3				
{V 118}	27G .0209 (C) Med	ication Requirements	{V 118}			
	only be administered order of a person and drugs. (2) Medications shat clients only when at client's physician. (3) Medications, incommendation administered only bunlicensed persons pharmacist or other privileged to prepare (4) A Medication Ad all drugs administer current. Medications recorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for a (D) date and time the	inistration: non-prescription drugs shall d to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the sluding injections, shall be y licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. Iministration Record (MAR) of led to each client must be kept s administered shall be ely after administration. The				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME		` '	E CONSTRUCTION		E SURVEY PLETED		
		MHL001-162		B. WING			R 08/2022		
NAME OF			TDEET ADI	DDEEC CITY O	STATE ZID CODE		OOILULL		
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 101 RUBY LANE								
ALL GO	D'S CHILDREN OF BU	IRI INGTON		ER, NC 2725	58				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE		
{V 118}	Continued From pa	ge 1		{V 118}					
	checks shall be rec	for medication changes orded and kept with the appointment or consulta	e MAR						
	interviews, the facilicurrent affecting two and #3) and failed to available for adminicurrent clients (#2).	on, record reviews and ity failed to keep the M. o of three current clien o ensure medications istration affecting one of The findings are:	AR ts (#2 were of three						
	the MAR current.	dence the facility failed	to keep						
	revealed: -Admission date of -Diagnoses of Oppo	ositional Defiant Disord peractivity Disorder and ve Disorder.							
	2/4/22 revealed: -Order dated 9/20/2 pea-size amount of every eveningOrder dated 9/17/2 (mg), one tablet at I -Order dated 8/6/21 micrograms (mcg),	an's orders for client #2 21 for Retin-A gel 0.019 gel to affected area or 21 for Trazodone 50 mi bedtime. I for Fluticasone Spray use one spray in each	%, apply n face Illigrams 50 nostril						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION		SURVEY PLETED		
				A. BUILDING:			D
		MHL00	1-162	B. WING			R 08/2022
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ALL GO	D'S CHILDREN OF BU	JRLINGTON	101 RUB) HAW RIVI	LANE ER, NC 2725	58		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC' REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
{V 118}	Continued From pa	ige 2		{V 118}			
	1.1-5%, use as dire	ected twice da	ily.				
	Observation on 2/4 of the medication a -The Retin-A gel 0. Fluticasone Spray #2The Sodium Fluor available for client Review on 2/4/22 of February 2022-The thru 2/3 for the Tradocumented the Sowas used by client -January 2022-The and Retin-A gel 0.0 thru 1/31December 2021-T and Retin-A gel 0.0 thru 12/31.	rea revealed: 01%, Trazodo 50 mcg was a ide PST tooth #2. If MAR's for cl ere were blan zodone 50 mcg odium Fluoride #2 on 2/1 thru Fluticasone S 1% had blank	one 50 mg and vailable for client paste was not lient #2 revealed: k boxes on 2/1 g. Staff e PST toothpaste i 2/3. Spray 50 mcg s boxes on 1/1 e Spray 50 mcg				
	b. Review on 2/4/22 revealed: -Admission date of -Diagnoses of Adju anxiety and depres Impulse Control an Traumatic Stress Dysregulation Diso-She was 14 years Review of a physic 2/4/22 revealed: -Order dated 1/27/2 tablet twice dailyOrder dated 9/23/2 capsule twice a day-Order dated 8/26/2 one tablet three times.	9/9/21. stment Disord sed mood, Ur d Conduct Dis bisorder and D rder. old. ian's orders for 22 for Benztro 21 for Ziprasio	der with mixed inspecified sorder, Post bisruptive Mood or client #3 on pine 1 mg, one done 80 mg, one				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SU IDENTIFICATION		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		MHL001-1	62	B. WING			R 08/2022
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ALL GO	D'S CHILDREN OF BU	IRLINGTON	101 RUB) HAW RIV	/ LANE ER, NC 2725	88		
(X4) ID PREFIX TAG		TEMENT OF DEFICIE MUST BE PRECEDI SC IDENTIFYING INF	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{V 118}	Continued From pa	ge 3		{V 118}			
	Observation on 2/4, of the medication a -The Benztropine 1 Oxcarbazepine 600 #3.	rea revealed: mg, Ziprasidon	e 80 mg and				
	Review on 2/4/22 o -February 2022-The for Benztropine 1 m Oxcarbazepine 600 -January 2022-The Ziprasidone 80 mg	ere were blank b ng PM dose and) mg 8pm dose. re was a blank b	ooxes on 2/3				
	"Due to the failure t medication adminis determined if clients received the the physician"	tration it could r	not be				
	Interview on 2/4/22 -Client #2 was refuse A creamClient #2 just starte medications in FebrealShe confirmed starte current for clients #	sing the nasal sped back using thrustruary 2022. If failed to keep	oray and Retin				
	Interview on 2/4/22 -She thought there #2's MAR's becaus medicationsClient #2 was refus and Retin A medica -She did not think of medications. Staff p the MAR's to indicate client #3She confirmed star current for clients #	were blank boxe e she was refus sing to take the tions. lient #3 was refu possibly forgot to te the medication	es on client ing Fluticasone using o sign off on on given for				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPI IDENTIFICATION		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COME	SURVEY PLETED
		MHL001-162	2	B. WING			R 08/2022
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ALL GO	D'S CHILDREN OF BU	RLINGTON	101 RUBY	Y LANE ER, NC 2725	58		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIEN MUST BE PRECEDED SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
{V 118}	Continued From pa	ge 4		{V 118}			
	The following is evidensure medication administration.		staff failed to				
	Review of a physician's orders for client #2 on 2/4/22 revealed: -Order dated 8/6/21 for Sodium Fluoride PST toothpaste 1.1-5%, use as directed twice daily.						
	Observation on 2/4/22 at approximately 1:10 pm of the medication area revealed: -The Sodium Fluoride PST toothpaste was not available for client #2.						
	Review on 2/4/22 of MAR's for client #2 revealed: -February 2022-Staff documented the Sodium Fluoride PST toothpaste was used by client #2 on 2/1 thru 2/3January 2022-The Sodium Fluoride PST toothpaste had blank boxes on 1/1 thru 1/31December 2021-The Sodium Fluoride PST toothpaste had blank boxes on 12/28 thru 12/31.						
	Interview on 2/4/22 -Client #2 never had toothpaste since sh -She was not sure was medication was given availableShe confirmed facion medication was available.	d the Sodium Fluctorie lived at the home why staff documer en because it was staff failed to e	oride ne. nted that not ensure				
	Interview on 2/8/22 confirmed: -Facility staff failed available for admini	to ensure medica					
	This deficiency con and must be correct						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMEN AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
7 (110)	or contraction	BEITH IOMIONIBER	A. BUILDING:						
		MHL001-162	B. WING		R 02/08/2022				
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
ALL GO	ALL GOD'S CHILDREN OF BURLINGTON 101 RUBY LANE HAW RIVER, NC 27258								
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y 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 COMPLETE				

6899

Division of Health Service Regulation STATE FORM