

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl078-197	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/18/2022
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NAME OF PROVIDER OR SUPPLIER JOHNSON CENTER II	STREET ADDRESS, CITY, STATE, ZIP CODE 111 TAYLOR STREET RED SPRINGS, NC 28377
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(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	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on March 18, 2022. The complaint was unsubstantiated (intake #NC00185581). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure fire and disaster drills were held at least quarterly and repeated on each shift. The</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 114	<p>Continued From page 1</p> <p>findings are:</p> <p>Review on 3/17/22 of the facility records from 1/1/21 to 12/31/21 revealed:</p> <ul style="list-style-type: none"> -No fire drills were documented for the 1st quarter (1/1/21-3/31/21) of 2021 for 1st or 2nd shifts. -No disaster drills were documented for the 1st quarter of 2021 for 1st or 2nd shifts. -No fire drills were documented for the 2nd quarter (4/1/21 - 6/30/21) of 2021 for 1st shift. -No disaster drills were documented for the 2nd quarter of 2021 for 1st shift. -No fire drills were documented for the 3rd quarter (7/1/21 - 9/30/21) of 2021 for 1st or 2nd shifts. -No disaster drills were documented for the 3rd quarter of 2021 for 1st or 2nd shifts. -No fire drills were documented for the 4th quarter (10/1/21 - 12/31/21) of 2021 for 1st, 2nd or 3rd shifts. -No disaster drills were documented for the 4th quarter of 2021 for 1st, 2nd or 3rd shifts. <p>Interview on 3/17/22 client #1 stated:</p> <ul style="list-style-type: none"> -Fire and disaster drills were held "often." -For fire drills they went outside and during disaster drills they stayed in the hallway with their head covered. <p>Interview on 3/17/22 client #2 stated:</p> <ul style="list-style-type: none"> -Fire and disaster drills were held "every once in a while." -For fire drills they went outside and for disaster drills they went into the laundry room or office. <p>Interview on 3/17/22 - 3/18/22 the Associate Professional/Co-Owner stated:</p> <ul style="list-style-type: none"> -1st shift 7:30am - 3:30pm. -2nd shift 3:30pm - 11:30pm. -3rd shift 11:30am - 7:30am. 	V 114		

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V 114	Continued From page 2 -Fire and disaster drills were supposed to be held quarterly. -She would ensure fire and disaster drills were held at least quarterly and repeated on each shift. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
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 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 reviews and interview the facility failed to perform six-month reviews of the drug regimens of clients receiving psychotropic medications, affecting 2 of 2 clients (#1, #2). The findings are: Finding #1 Review on 3/17/22 of client #1's record revealed: -12 year old male.	V 121		

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V 121	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Admitted on 8/31/20. -Diagnoses of Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder (ADHD), Nocturnal enuresis and Borderline Intellectual Functioning. -No documentation of a six-month psychotropic drug review. <p>Review on 3/17/22 of client #1's daily drug regimen revealed:</p> <ul style="list-style-type: none"> -Vyvanse 50 mg every morning. (ADHD) -Aripiprazole 10 mg daily. (antipsychotic) -Guanfacine 1 mg at bedtime. (ADHD) -Benzotropine 1 mg at bedtime. (side effects of psychotic) -Trazodone 100 mg at bedtime. (Depression) -Desmopression 0.2 mg at bedtime. (Bed wetting) -Cetirizine 10 mg at bedtime. (allergy) <p>Finding #2</p> <p>Review on 3/17/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> -17 year old male. -Admitted on 5/18/21. -Diagnoses of Conduct Disorder childhood onset type and Attention Deficit Hyperactivity Disorder combined presentation. -No documentation of a six-month psychotropic drug review. <p>Review on 3/17/22 of client #2's daily drug regimen revealed:</p> <ul style="list-style-type: none"> -Depakote 500 mg at bedtime. (bipolar) -Seroquel XR 400 mg at bedtime. (mood disorder) -Cyproheptadine 4 mg in morning and night as needed. (allergy) -Strattera 18 mg twice daily. (ADHD) -Fluticasone Spray 50 mg twice daily as needed. (allergy) 	V 121		

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V 121	Continued From page 4 Interview on 3/17/22 - 3/18/22 the Associate Professional/Co-Owner stated: -The six-month psychotropic drug reviews were not completed for client #1 and client #2. -She monitored the client's medications as a psychiatric nurse. -She would ensure six-month reviews of drug regimens were completed for clients who received psychotropic medications.	V 121		