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 MHL001-162 02/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **101 RUBY LANE ALL GOD'S CHILDREN OF BURLINGTON** HAW RIVER, NC 27258 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) (V 000) INITIAL COMMENTS {V 000} A follow up survey was completed on February 8. 2022. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. The survey sample consisted of audits of 3 current clients. (V 118) 27G .0209 (C) Medication Requirements (V 118) 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 (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, Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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NAME C	F PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY	, STATE, ZIP CODE		
ALL G	OD'S CHILDREN OF BI	JRLINGTON 101 RUB HAW RIV	Y LANE ER, NC 27:	258		
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₹ V 118	Continued From page 1 (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.		{V 118}	Going FORWARD ALL MED WIT BE GIVEN and WILL BE SIGNED as I by physicans. MEdications that a WILL BE documented MARS as BEENING ANY MEDICATIONS ARE REFUSED OR CO	MMLS PRESCRIBED 2 REFUSED REFUSED Vhat Vicanos	
	Based on observation interviews, the facilicurrent affecting two and #3) and failed the available for administration current clients (#2). The following is evicated the MAR current. a. Review on 2/4/22 revealed: -Admission date of Diagnoses of Opportation Deficit Hyllottermittent Explosition She was 18 years of Review of a physicial 2/4/22 revealed: -Order dated 9/20/2	dence the facility failed to keep 2 of client #2's record 7/28/21. Distributed Defiant Disorder, peractivity Disorder and the Disorder. Old. an's orders for client #2 on 1 for Retin-A gel 0.01%, apply		ARE REFUSED WILL SEING REFUSED WILL REVIEWED BY PHY AND DOCLORS ORDERS, DIRECTOR WILL REVIEWED INCOMPLIANCE WITH A GIVEN BY PHYSICANS DIRECTOR WILL MONI MARS FORTH GOING W	per per view and, end, enders be	
	every eveningOrder dated 9/17/2 (mg), one tablet at b -Order dated 8/6/21 micrograms (mcg),	gel to affected area on face 1 for Trazodone 50 milligrams bedtime. for Fluticasono Spray 50 use one spray in each nostril uoride PST toothpaste		2		

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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ALL GO	D'S CHILDREN OF BU	RLINGTON 101 RUB HAW RIV	Y LANE ER, NC 2725	58		
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(V 118)	Continued From pa	ge 2	{V 118}			
	1.1-5%, use as directed twice daily.					
	of the medication a -The Retin-A gel 0.6 Fluticasone Spray 6 #2The Sodium Fluori available for client # Review on 2/4/22 or -February 2022-The thru 2/3 for the Traz documented the So was used by client a -January 2022-The and Retin-A gel 0.0 thru 1/31December 2021-The	01%, Trazodone 50 mg and 50 mcg was available for client de PST toothpaste was not \$2. f MAR's for client #2 revealed; are were blank boxes on 2/1 todone 50 mg. Staff indium Fluoride PST toothpaste				
	revealed: -Admission date of substance of Adjusted anxiety and depress Impulse Control and Traumatic Stress Di Dysregulation Disorder was 14 years of Review of a physicial 2/4/22 revealed: -Order dated 1/27/22 tablet twice dailyOrder dated 9/23/2 capsule twice a day	stment Disorder with mixed sed mood, Unspecified I Conduct Disorder, Post sorder and Disruptive Mood der. old. an's orders for client #3 on 2 for Benztropine 1 mg, one 1 for Ziprasidone 80 mg, one 1 for Oxcarbazepine 600 mg,				

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: MHL001-162 B. WING 02/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **101 RUBY LANE** ALL GOD'S CHILDREN OF BURLINGTON HAW RIVER, NC 27258 SUMMARY STATEMENT OF DEFICIENCIES (X4) (D PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) {V 118} Continued From page 3 (V 118) Observation on 2/4/22 at approximately 1:30 pm of the medication area revealed: -The Benztropine 1 mg, Ziprasidone 80 mg and Oxcarbazepine 600 mg was available for client #3. Review on 2/4/22 of MAR's for client #3 revealed: -February 2022-There were blank boxes on 2/3 for Benztropine 1 mg PM dose and Oxcarbazepine 600 mg 8pm dose. -January 2022-There was a blank box on 1/31 for Ziprasidone 80 mg PM dose. "Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician" Interview on 2/4/22 with staff #1 revealed: -Client #2 was refusing the nasal spray and Retin A cream. -Client #2 just started back using those medications in February 2022. -She confirmed staff failed to keep the MAR's current for clients #2 and #3. Interview on 2/4/22 with the Director/Licensee: -She thought there were blank boxes on client #2's MAR's because she was refusing medications. -Client #2 was refusing to take the Fluticasone and Retin A medications. -She did not think client #3 was refusing medications. Staff possibly forgot to sign off on the MAR's to indicate the medication given for client #3. -She confirmed staff failed to keep the MAR's current for clients #2 and #3.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIE		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 710 CODE								
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{V 118}	118) Continued From page 4			{V 118}				
	The following is evidence the facility staff failed to ensure medication was available for administration.							
	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.							
	-February 2022-Sta Fluoride PST tooth 2/1 thru 2/3. -January 2022-The toothpaste had blat -December 2021-T	of MAR's for client #2 aff documented the S paste was used by cl s Sodium Fluoride PS nk boxes on 1/1 thru the Sodium Fluoride I nk boxes on 12/28 th	odium ient #2 on T 1/31. >ST					
	-Client #2 never ha toothpaste since sh -She was not sure medication was giv available. -She confirmed fac	with staff #1 revealed the Sodium Fluorid ne lived at the home. Why staff documented the because it was not because it was not lility staff failed to ensallable for administration.	e d that ot sure					
	confirmed: -Facility staff failed available for admin		was					
	and must be correct	istitutes a re-cited de cted within 30 days.	riciency					

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