JOHNSON CENTER HOME, INC PO BOX 844 RED SPRINGS, NC 28377 TEL: (910) 843-7007 FAX: (910) 843-7008 JOHNSONCENTERHOMES@YAHOO.COM

March 30, 2022

Dear Mrs. Jones

Thank you for assisting Johnson Center Homes Inc. during the annual and follow up survey; that was completed on March 18, 2022. Attached is the Plan of correction for JCH 1 and 2. time

Sincerely,

Shelia Ferguson RN BSN

Sheda Ferguson Hath: Ma Len

Hattie McLean Administration

DHSR - Mental Health

APR 8 2022

Lic. & Cert. Section

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: ___ COMPLETED R MHL078-315 B. WING 03/18/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **100 THURLOW STREET** JOHNSON CENTER I **RED SPRINGS, NC 28377** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PRFFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on March 18. 2022. Deficiencies were cited. This facility is licensed for the following services category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. DHSR - Mental Health This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients. Lic. & Cert. Section 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 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 Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

Shula Ferguson

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
THE PERIOD CONTROL			A. BUILDING	JILDING:		COMPLETED	
		MHL078-315	B. WING			R 1 8/2022	
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V 118	checks shall be rec	ge 1 for medication changes or orded and kept with the MAR ppointment or consultation	V 118				
	This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure medications were administered as ordered by a physician and MARs kept current affecting 2 of 3 audited clients (#2 and #4). The findings are: Finding #1 Review on 3/18/22 of client #2's record revealed: -13 year old femaleAdmitted on 4/23/21Diagnoses of Disruptive Mood Dysregulation Disorder, Major Depressive Disorder moderate with atypical features and Attention Deficit Hyperactivity Disorder (ADHD) predominantly inattentive presentation mild. Review on 3/18/22 of client #2's signed physician orders revealed: -10/29/21: Denta 5000 Plus toothpaste daily. (tooth decay) -2/2/22: Trileptal 300 milligram (mg) tablet twice daily. (seizures) Review on 3/18/22 of client #2's MARs from January 1, 2022 to March 18, 2022 revealed the following blanks:			An enservice trained Medication all employees to held on that 30,200 by an EN to include by an EN to include to Pranscribe Medication on Medication on Medication on the client's training on medication on Prepare and received. Prepare and received.	hn whn		
	January 1, 2022 to Mollowing blanks: -Denta 5000 Plus - 3			· Prepure and recein			

Division of Health Service Regulation

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL078-315	B. WING		R 03/18/2022	
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NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
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V 118	Continued From page 2		V 118			
	-Trileptal 300 mg - 3	3/5/22 and 3/6/22.				
	Interview on 3/18/22 -She received her n -She had not misse					
	-9 year old femaleAdmitted on 3/1/22	of client #4's record revealed:				
	ADHD combined pr					
	Review on 3/18/22 of client #4's signed physician orders revealed: -Vyvanse 50 mg tablet every morning. (ADHD) -Zoloft 25 mg tablet every morning. (depression)					
				,		
	Interview on 3/18/22 -She received her n					
	Professional/Owner -She was sure the omedicationsShe believed staff of medications were as	lients received their missed documenting				
V 121	27G .0209 (F) Medi	cation Requirements	V 121			
	10A NCAC 27G .02 REQUIREMENTS	09 MEDICATION				

Division of Health Service Regulation

STATE FORM

PRINTED: 03/23/2022 FORM APPROVED 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: R B. WING MHL078-315 03/18/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **100 THURLOW STREET** JOHNSON CENTER I **RED SPRINGS, NC 28377** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 121 V 121 Continued From page 3 (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. 3/25/22 This Rule is not met as evidenced by: On Mar 25, 2022 an agreement was made with Old Main Praimacist Based on record review and interview the facility failed to perform six-month reviews of the drug regimens of clients receiving psychotropic medications, affecting 1 of 3 audited clients (#2). The findings are: to never and sign Hon Review on 3/18/22 of client #2's record revealed: Johns Center Homes Chents
Psychotrophic Accountability
Sheets Dhis sheet will be
auchted by an KN every
be number to ensue that
Jet is in compliance with -13 year old female. -Admitted on 4/23/21. -Diagnoses of Disruptive Mood Dysregulation Disorder, Major Depressive Disorder moderate with atypical features and Attention Deficit Hyperactivity Disorder (ADHD) predominantly inattentive presentation mild.

drug review.

regimen revealed:

(manic-depressive disorder)

-No documentation of a six-month psychotropic

-Denta 5000 Plus toothpaste daily. (tooth decay)

Review on 3/18/22 of client #2's daily drug

-Lithium 150 milligram (mg) tablet daily.

NCDHHS Rules and

regulations

Division of Health Service Regulation
STATEMENT OF DEFICIENCIES (X1) PROV

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION		DENTI TOTTIEN NOMBER.					
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	-Hydrocortisone 2.5 as needed. (skin cor-lbuprofen 600 mg/menstrual pain. Interview on 3/17/22 Professional/Owner-The six-month psynot completed for co-she monitored the psychiatric nurse. -She would ensure	tablet twice daily. (seizures) 6 % to skin on arms and legs conditions) 1 tablet every 6 hours for 2 - 3/18/22 the Associate 5 stated: 6 chotropic drug reviews were lient #2. 6 client's medications as a 8 six-month reviews of drug upleted for clients who	V 121				

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