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 M. Len

Hattie McLean Administration

DHSR - Mental Health

APR 8 2022

Lic. & Cert. Section

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: A. BUILDING: COMPLETED R B. WING mhl078-197 03/18/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 111 TAYLOR STREET JOHNSON CENTER II **RED SPRINGS, NC 28377** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual, complaint and follow up survey was completed on March 18, 2022. The complaint was unsubstantiated (intake #NC00185581). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 4 and currently has a DHSR - Mental Health census of 2. The survey sample consisted of audits of 2 current clients. V 114 27G .0207 Emergency Plans and Supplies V 114 Lic. & Cert. Section 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use.

Division of Health Service Regulation

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

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

This Rule is not met as evidenced by:

(X6) DATE

8L5R11

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SURVEY	
		IDENTIFICATION NUMBER:	A. BUILDIN	G:	COMPLETED	
				-	_	
		mhl078-197	B. WING		R	
NAME OF	DD01//DDD 00 01/00				03/18/2022	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
JOHNSON CENTER II 111 TAYLOR STREET						
RED SPRINGS, NC 28377						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROFICIENCY)	D BE COMPLETE	
V 114	Continued From page findings are: Review on 3/17/22 of 1/1/21 to 12/31/21 re-No fire drills were de (1/1/21-3/31/21) of 2-No disaster drills were degrater of 2021 for 1-No fire drills were degrater of 2021 for 1-No disaster drills they we disaster drills they we disaster drills they stand covered. Interview on 3/17/22-Fire and disaster drills while."	of the facility records from evealed: locumented for the 1st quarter 2021 for 1st or 2nd shifts. lere documented for the 1st list of 2nd shifts. locumented for the 2nd 0/21) of 2021 for 1st shift. lere documented for the 2nd list shift. locumented for the 3rd 0/21) of 2021 for 1st or 2nd list shift. locumented for the 3rd list or 2nd shifts. locumented for the 4th list or 2nd list shifts. locumented for the 4th list or 2nd list shifts. locumented for the 4th list or 2nd list shifts. locumented for the 4th list list list list list list list list	TAG V 114	an inserice ilia	ster 3/19/22 notrotion y ale to Homes, ifto be and shoulded integ hie, Janobo) hills hills	
	drills they went into the	- 3/18/22 the Associate ner stated: 30pm. 1:30pm.				

PRINTED: 03/23/2022 FORM APPROVED

Division of Health Service Regulation

TE SURVEY MPLETED						
R 3/18/2022						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
JOHNSON CENTER II 111 TAYLOR STREET						
RRECTION (X5) I SHOULD BE COMPLETE APPROPRIATE DATE						

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 mhl078-197 03/18/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 111 TAYLOR STREET JOHNSON CENTER II **RED SPRINGS, NC 28377** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG DEFICIENCY) V 121 Continued From page 3 V 121 -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. Review on 3/17/22 of client #1's daily drug regimen revealed: -Vyvanse 50 mg every morning. (ADHD) -Aripiprazole 10 mg daily. (antipsychotic) -Guanfacine 1 mg at bedtime. (ADHD) -Benztropine 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) Finding #2 Review on 3/17/22 of client #2's record revealed: -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. Review on 3/17/22 of client #2's daily drug regimen revealed: -Depakote 500 mg at bedtime. (bipolar)

disorder)

needed. (allergy)

-Seroquel XR 400 mg at bedtime. (mood

-Strattera 18 mg twice daily. (ADHD)

-Cyproheptadine 4 mg in morning and night as

-Fluticasone Spray 50 mg twice daily as needed.

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: A. BUILDING: COMPLETED R B. WING mhl078-197 03/18/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 111 TAYLOR STREET JOHNSON CENTER II **RED SPRINGS, NC 28377** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 121 Continued From page 4 V 121 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.

Division of Health Service Regulation