AND PLAN OF CORRECTION		egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R 04/28/2022	
		MHL081-111				
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
PEACE	N THE CITY HOUSE (DELOVE	NDALE STREE ⁻ LE, NC 28160	г		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMEN	rs	V 000			
	An annual and follow up survey was completed on 4/28/22. Deficiencies were cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.					
		sed for 4 and currently has a urvey sample consisted of clients.				
V 116	27G .0209 (A) Med	ication Requirements	V 116			
	written order of a pl licensed to prescrib (2) Dispensing shal pharmacists, physic practitioners author with the North Carc permit to operate a nurse or other desig physician or other h dispensing so long and its contents are approved by the au dispensing. (3) Methadone For supplied to a client service in a properl registered nurse en pursuant to the req .0306 SUPPLYING TREATMENT PRO	ensing: all be dispensed only on the hysician or other practitioner				

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

TITLE

NRX611

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-111		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING			R 04/28/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
PEACE I	N THE CITY HOUSE (IDALE STREE _E, NC 28160	т		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 116	Continued From page 1		V 116			
	for the purpose of or pharmacist and obt Board of Pharmacy locked supply of pro Samples shall be d	k of prescription legend drugs dispensing without hiring a taining a permit from the NC /. Physicians may keep a smal escription drug samples. lispensed, packaged, and nce with state law and this				
	Based on observat interviews the facili of medications was physicians or other authorized by law a	et as evidenced by: ions, record reviews and ty failed to ensure dispensing restricted to pharmacists, health care practitioners and registered with the North Pharmacy affecting 1 of 3 The findings are:				
	-Date of admission -Diagnoses-Oppos Depression, Post T Attention Deficit Hy -Age-15 -Physician ordered included: -Adderall 30mg (tablet twice daily. -Review on 4/27/22 administration reco	itional Defiant Disorder, raumatic Stress Disorder, peractivity Disorder (ADHD) medications on 4/14/22 (milligram) (for ADHD) - 1 2 of April MAR (medication				
vision of H	Observation on 4/2 revealed April MAR ealth Service Regulation	7/22 at approximately 4:00pm t for Client #3 had				

Division of Health Service Regulation STATE FORM

If continuation sheet 2 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-111			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED R	
		B. WING			04/28/2022	
AME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE		
EACE II	N THE CITY HOUSE		IDALE STREE [*] .E, NC 28160	Т		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLE DATE
V 116	Continued From page 2		V 116			
	initials of overnight staff for the 8:00am and 2:00pm administration of Adderall although client was reportedly not at the facility at 2pm except on the weekends.					
	the Licensee's offic revealed a large pla	8/22 at approximately 10am at and church related school astic baggie with 1 orange pill #3]'s initials and 2pm" written				
		2 with Client #3 revealed: 2 o'clock medication for ADHD				
	-She had worked a mostly overnights f -She cooked break -Client #3 had a 2p puts in a baggie, put take and signs the with Client #3 to the	fast and gave medications. m medication that Staff #1 uts Client #3 initials and time to MAR. The baggie was taken				
	Professional/Execu -Client #3 had just -Client #3 was hope knew the school we documentation to a -She was not awar baggie without a la	efully starting school soon and ould require additional administer medications. e putting the medication in a bel to administer at a different t she understood and would				
V 736		ity and Grounds Maintenance	V 736			
	10A NCAC 27G .03	303 LOCATION AND				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED R	
		MHL081-111	B. WING		04/	28/2022
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
EACE I	N THE CITY HOUSE (IDALE STREE [:] _E, NC 28160	T		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 736	Continued From page 3		V 736			
	EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.					
	staff failed to ensur	ions and interviews, the facility e the facility and its grounds a safe, clean, orderly and				
	revealed shared ba patches approxima different walls. The enclosure had obvi the top of the tub of floor was damp and below the 12 inch b	7/22 at approximately 4:30pm athroom #1 had 2 large drywall tely 2 feet by 3 feet on 2 e corner of the glass shower ously leakage as the wall from utside the enclosure to the d severely moldy. The floor just by 4 inch moldy wall was very out $\frac{1}{2}$ inch when stepped on.	t			
	Professional/Execu -They rented the hor recently replaced th had asked about pa gotten an answer fr continue to persuad	2 with the Qualified ative Director revealed: ome and the landlord had he floor in the bathroom. She ainting themselves but had not rom the landlord. She would de the landlord to correctly fix e as well as paint all of the				
	ealth Service Regulation					

NRX611

If continuation sheet 4 of 4