

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-348	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/29/2022
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NAME OF PROVIDER OR SUPPLIER YOUNG EXPRESSIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 2325 SALUDA DRIVE GASTONIA, NC 28054
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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 survey was completed on April 29, 2022. Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>The facility is licensed for 4 and has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p><i>DHSR - Mental Health</i></p> <p><i>MAY 11 2022</i></p> <p><i>Lic. & Cert. Section</i></p>	
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the</p>	V 118		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE *Director*

(X6) DATE *5/6/22*

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V 118	<p>Continued From page 1</p> <p>drug.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure MARs were kept current affecting 1 of 3 audited clients (Client #2). The findings are:</p> <p>Review on 4/27/22 and 4/28/22 of Client #2's record revealed: -Admitted 12/19/21; -Diagnosed with Attention Deficit Hyperactivity Disorder, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder; -17 years old; -Physician's order dated 12/10/21 for Montelukast (allergies) 10mg (milligram) 1 tab (tablet) daily and Quetiapine (antipsychotic) 400mg 1 tab daily; -Physician's order dated 4/12/22 for Melatonin (sleep) 10mg 1 tab at hour of sleep; -February, 2022 MAR revealed no signatures noted for administration of Montelukast 10mg 1 tab daily and Quetiapine 400mg 1 tab daily on 2/26/22-2/28/22; -March, 2022 MAR revealed no signature noted for administration of Quetiapine 400mg 1 tab daily on 3/1/22; -April, 2022 MAR revealed no dosage for the Melatonin.</p>	V 118		

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V 118	Continued From page 2 Interview on 4/27/22 with the Director revealed: -All medications were administered correctly to Client #2; -Was an oversight that the MARs were not kept current with signatures for administration of each medication; -Was an oversight that the dosage of Melatonin was not listed on the April, 2022 MAR; -Will ensure all MARs are kept current in the future.	V 118	ED will create a MAR Audit sheet which will be performed by assigned staff daily/weekly to ensure MAR is documented thoroughly and correct in relation to rule 27G.0209(c)	5/31/22
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight	V 296	ED - executive Director	

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V 296	<p>Continued From page 3</p> <p>children or adolescents; and (3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents. (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan. (e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure a minimum of two staff present for up to four clients. The findings are:</p> <p>Review on 4/27/22 and 4/28/22 of Client #1's record revealed: -Admitted 8/17/21; -Diagnosed with Post-Traumatic Stress Disorder, Disruptive Mood Dysregulation Disorder; -15 years old.</p> <p>Review on 4/27/22 and 4/28/22 of Client #2's record revealed: -Admitted 12/19/21; -Diagnosed with Attention Deficit Hyperactivity Disorder, Post-Traumatic Stress Disorder,</p>	V 296		

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V 296	<p>Continued From page 4</p> <p>Oppositional Defiant Disorder; -17 years old.</p> <p>Review on 4/27/22 and 4/28/22 of Client #3's record revealed: -Admitted 8/25/21; -Diagnosed with Attention Deficit Hyperactivity Disorder, Post-Traumatic Stress Disorder, Major Depressive Disorder, Attachment Disorder, Other Specified Neurodevelopmental Disorder; -16 years old.</p> <p>Interviews on 4/27/22 with Clients #1, #2, and #3 revealed: -Sometimes there is only one staff member at the facility; -Only one staff member (Director) was working on 4/27/22 because the second staff member had to leave early.</p> <p>Interview on 4/27/22 and 4/28/22 with the Director revealed: -Was only alone with the clients for a few minutes prior to bringing the clients to their day treatment programs because the second staff member needed to leave early for an appointment.</p>	V 296	<p>Management will hire PRN's in the event of shortage or inability to get a shift covered as it relates to rule 10A NCAC 27G .1704</p> <p>*due to covid, there has been extreme difficulty Staffing.</p>	5/31/22