STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL0601494 NAME OF PROVIDER OR SUPPLIER STREET A				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R		
			7/0.0005	06	/17/2022		
AME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE			
LEXAND	ER TRANSITION HOUS	SE	DTTE, NC 28211				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE	
V 000	INITIAL COMMENT	S	V 000				
	completed on June 7 were unsubstantiate #NC188316). This woolly 10A NCAC 27G Staff Secure for Chill Adolescents-Scope(10A NCAC 27G .020 Professionals and A (V109), 10A NCAC 2 Supervision of Parag NCAC 27G .0205(a- Treatment/Habilitation NCAC 27G .0209 M (V118) and 10A NCA Staffing Requirement compliance. The foll compliance: 10A NC Treatment Staff Sec Adolescents-Scope(10A NCAC 27G .020 Professionals and A (V109), 10A NCAC 2 Supervision of Parag NCAC 27G .0205(a- Treatment Staff Sec Adolescents-Scope(10A NCAC 27G .020 Professionals and A (V109), 10A NCAC 2 Supervision of Parag NCAC 27G .0205(a- Treatment/Habilitation 10A NCAC 27G .020 Treatment/Habilitation 10A NCAC 27G .020 Treatment/Habilitation 10A NCAC 27G .020 Treatment/Habilitation 10A NCAC 27G .170 Requirements (V296	V293) with cross references 03 Competencies of Qualified ssociate Professionals 27G .0204 Competencies and professionals (V110), 10A b) Assessment and on or Service Plan (V111), 05(c-d) Assessment and on or Service Plan (V112) 10A edication Requirements(c) AC 27G .1704 Minimum its (V296) were reviewed for owing were brought back into CAC 27G .1701 Residential ure for Children or V293) with cross references 03 Competencies of Qualified ssociate Professionals 27G .0204 Competencies and orofessionals (V110), 10A b) Assessment and on or Service Plan (V111), 05(c-d) Assessment and on or Service Plan (V112) and 04 Minimum Staffing 6). A deficiency was re-cited.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHI 0601494			(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R	
		MHL0601494			06	/17/2022
AME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE ERMAL ROAD	, ZIP CODE		
LEXAND	ER TRANSITION HOUSE		DTTE, NC 28211			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE	(X5) COMPLE ⁻ DATE
V 000	Continued From page	e 1	V 000			
V 118	27G .0209 (C) Medica	ation Requirements	V 118			
	 2. The survey sample consisted of 2 current clients and 1 former client. 27G .0209 (C) Medication Requirements 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 drug. (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. 					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		MHL0601494	B. WING		R	
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE,	ZIP CODE		
		6324 TH	ERMAL ROAD			
ALEXAND	ER TRANSITION HOUSE	CHARLO	OTTE, NC 28211			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETI DATE
V 118	Continued From page	2	V 118			
	order of a person autil drugs and medication recorded immediately affecting 2 of 2 clients Finding #1: Review on 6/6/22 of a -admission date of 2/4 -diagnoses of PTSD(1 Disorder), DMDD(Dis Disorder) and ADHD(Hyperactivity Disorde -physician's order dat 5mg one tablet at nig! -no discontinue physician Iamotrigine 25mg two one tablet at night(for -no initial physician's two tablets in the mor Observations on 6/6/2 medications revealed -olanzapine 5mg one 5/25/22 and written of Abmin.(administer) D -olanzapine 2.5mg or 6/2/22;	ew, observations and failed to ensure ministered on the written horized by law to prescribe as administered were after administration 6(#1, #2). The findings are: client #1's record revealed: 4/22; Post Traumatic Stress ruptive Mood Disregulation Attention Deficit r); ed 5/27/22 for olanzapine ht(for mood); cian's order for olanzapine ht; n's order dated 5/27/22 for tablets in the morning and mood); order for lamotrigine 25mg ning and one tablet at night. 22 at 11:54am of client #1's : tablet at night dispensed in cap of label: "DO NOT ISCONT(discontinue)."; he tablet at night dispensed				
	-lamotrigine 25mg two one tablet at night no	o tablets in the morning and t on site.				
	Review on 6/6/22 of c	lient #1's MARs from				

		IDENTIFICATION NOWBER.	ER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION CATION NUMBER: A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL0601494		B. WING		06	R 06/17/2022	
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE	1	
			ERMAL ROAD			
LEXAND	ER TRANSITION HOUS	E	OTTE, NC 28211			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG	·	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLE DATE
V 118	Continued From pag	e 3	V 118			
	4/23/22-6/6/22 revea	led:				
		a tablet at night documented				
		6/1 and 6/2 then "D/C" was				
		lune MAR with no physician's				
	discontinue order;					
	-olanzapine 2.5mg one tablet at night was					
	documented as administered on 6/3, 6/4 and 6/5					
	with no physician's order;					
	-lamotrigine 25mg two tablets in the morning and					
	one tablet at night was documented administered					
	on 5/6-5/15, 5/18, 5/19, 5/23-5/36 with no					
	physician's order;					
	-dosing dates of 5/26, 5/17, 5/20, 5/21 and 5/22					
	were left blank with no explanation on the for for					
	lamotrigine 25mg two tablets in the morning and one tablet at night.					
	one tablet at hight.					
	Finding #2:					
	Review on 6/6/22 of	client #2's record revealed:				
	-admission date of 2/	/15/22;				
		Unspecified Disruptive				
	Impulse control and					
	Unspecified Trauma	and Stressor Related				
	Disorder;					
		ted 3/22/22 for gabapentin				
		ee times daily(for mood); ted 3/22/22 for risperidone				
	3mg one tablet at be	-				
	-physician's order da					
	methylphenidate 5mg one half tablet in the morning and one tablet at noon(for ADHD); -no discontinue physicians' orders for gabapentin					
	300mg one tablet three times daily and					
	methylphenidate 5mg one half tablet in the					
	morning and one tab	-				
	-no initial physicians'	orders for risperidone 2mg				
		gabapentin 100mg one				
	tablet three times dai	ily.				
	Observation on 6/6/2	2 at 12:26pm of client #2's				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601494			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			SURVEY PLETED
		B. WING		06	R 06/17/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
	ER TRANSITION HOUSE		ERMAL ROAD			
		CHARLO	DTTE, NC 28211			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
V 118	Continued From page	9 4	V 118			
	dispensed 3/20/22 wi written on bottle cap; -methylphenidate 5m; morning and one tabl 2/28/22 with "Discnt(or cap; -risperidone 2mg one 5/11/22; -gabapentin 100mg or dispensed 5/17/22. Review on 6/6/22 of or 4/23/22-6/6/22 reveal -risperidone 2mg one as administered 5/12- order; -dosing date of 5/31 a explanation on the for	tablet at bed dispensed ne tablet three times daily client #2's MARs from ed: tablet at bed documented -6/5 with no physician's at noon left blank with no rm for methylphenidate 5mg				
	noon; -methylphenidate 5m; morning and one tabl or June MAR; -gabapentin 100mg d in May and June with -risperidone 3mg one	morning and one tablet at g one half tablet in the et at noon not listed on May ocumented as administered no physician's order; tablet at bed documented 5/11 with no physician's				
	Interview on 6/6/22 w -had obtained severa -not aware some phys missing; -she pulled everything medication orders; -thought she had obta	l physicians' orders; sicians' orders were				