STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl074-130	A. BUILDING: ______ B. WING ______	07/21/2022

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WECARE RESIDENTIAL FACILITY	1761 ROOSEVELT SPAIN ROAD GREENVILLE, NC 27834

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V 000	INITIAL COMMENTS An annual survey was completed on July 21, 2022. 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 3 and currently has a census of 1. The survey sample consisted of audit of 1 current client.	V 000		
V 118	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	V 118		

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V 118	Continued From page 1 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. This Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to ensure medications administered were recorded on the client's MAR immediately after administration for 1 of 1 audited client (#1). The findings are: Review on 7/20/22 of client #1's record revealed: - 16 year old male admitted 10/12/20. - Diagnoses included Attention Deficit Disorder (ADHD); Oppositional Defiant Disorder; Bipolar Disorder, unspecified; Depression, unspecified. - Physician's orders signed 3/14/22 for: Quillivant XR (extended release) (ADHD), 25 milligrams (mg)/5 milliliters (ml), take 8 ml every morning; escitalopram (depression) 10 mg 1 1/2 tablet every evening; and clonidine (high blood pressure and ADHD) 0.1 mg 2 1/2 tablets every evening. Review on 7/20/22 of client #1's MARs for April - July 2022 revealed: - Transcriptions for medications as ordered by the Physician. - No staff documentation that escitalopram and clonidine were administered 4/29/22 and 4/30/22, with no documented explanation for the blanks. - No staff documentation that Quillivant XR was administered 4/30/22 with no documented	V 118		

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V 118	Continued From page 2 explanation for the blank. Observation on 7/20/22 at approximately 11:30 am of client #1's medications on hand revealed: - Quillivant XR 25 mg/5 ml take 8 ml every morning, dispensed 6/16/22. - escitalopram 10 mg take 1 1/2 tablet every evening, dispensed 5/15/22. - clonidine 0.1 mg take 2 1/2 tablets every evening, dispensed 6/13/22. During interview on 7/21/22 client #1 stated he took his medication every day with staff assistance. He had never missed any of his medications. During interview on 7/21/22 staff #2/the Assistant Operations Manager stated: - He was responsible for medications, including ensuring all medications were available for administration. - Other staff reported to him when a supply of medication was low and he would notify the pharmacy to get a refill. - Medications were always available. Due to the failure to accurately document medication administration it could not be determined if the client received his medications as ordered by the physician.	V 118		
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	V 296		

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V 296	Continued From page 3	V 296		

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 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.

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This Rule is not met as evidenced by:
Based on record reviews, observations and interviews the facility failed to ensure the minimum number of direct care staff required and to ensure supervision of children or adolescents when they are away from the facility in accordance with individual strengths and needs as specified in the treatment plan. The findings are:

Review on 7/20/22 of client #1's record revealed:
- 16 year old male admitted 10/12/20.
- Diagnoses included Attention Deficit Disorder (ADHD); Oppositional Defiant Disorder; Bipolar Disorder, unspecified; Depression, unspecified.
- Admission assessment dated 10/12/20 included documented history of three attempts to jump from a moving vehicle, sexual acting out, property destruction and stealing.
- Comprehensive Clinical Assessment dated 9/09/20 included documented history of impulsive behaviors; property destruction, oppositional behaviors and noncompliance with rules.

Observation on 7/20/22 at approximately 10:30 am revealed client #1 was not present at the facility.

During interview on 7/20/22 the Operations Manager stated client #1 was at "summer camp" in a nearby town and would not return to the facility until after 5:00 pm; there were no facilty staff at camp with him.

Observation on 7/21/22 at approximately 9:45 am at the "summer camp" revealed client #1 and 2

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peers from a sister facility were present at the program with no facility staff supervising. Camp staff was predominately female.

During interview on 7/21/22 client #1 stated staff #2/the Assistant Operations Manager transported him and his peers to the "summer camp" program alone. There were usually two staff present, including when clients were being transported.

During interview on 7/21/22 staff#2/the Assistant Operations Manager stated:
- A minimum of 2 staff were always present with the clients.
- A third shift staff would accompany him when he had to transport the clients in the mornings.
- "I might have to do it alone every now and then because the third shift staff might have to leave."

During interview on 7/21/22 the Operations Manager stated:
- There was always a minimum of 2 staff present with the clients.
- The "summer camp" was operated by a privately owned agency.
- Camp activities included science and technology activities and outings.
- Client #1's guardian gave consent for him to attend camp.
- He offered to send 2 staff to the camp for client supervision, but "they said they didn't want us there, that they had their own police force."
- 2 staff were present when clients were transported.
- He was not aware staff#2/the Assistant Operations Manager drove client #1 and his peers to "summer camp" without a second staff present.
- He understood minimum staffing requirements.

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V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND 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. This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a safe, clean and attractive manner. The findings are: Observation on 7/20/22 at approximately 10:45 am revealed: - Unfinished repair to the wall around an electric outlet beside the dining table in the kitchen. - Unfinished repairs to the walls beside client #1's closet and bedroom window. - 2 drawers in client #1's chest of drawers appeared to be off track and broken. - Popcorn finish on ceilings throughout the facility was peeling off. - Damage to the office door around the door knob. - The floor in front of the toilet in the hall bathroom felt spongy when stepped on. - No door on the medicine cabinet in the hall bathroom. - Unfinished repairs to the bathroom walls: around the shower head, beside the bathtub; and behind and above the toilet. - The bathtub was very heavily caulked; the caulking was rough, had black stains and was cracked in places.	V 736		

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V 736	Continued From page 7 - The plastic exhaust vent in the bathroom ceiling had a heavy coat of dust and grime. - An unused rusty metal exhaust vent in the bathroom ceiling contained what appeared to be organic matter. - Numerous unfinished repairs of varying sizes to the walls throughout the facility. - Numerous approximately 5 inch plastic disks adhered to the walls throughout the facility. - The metal air return grate in the hallway was very rusty. During interview on 7/21/22 the Operations Manager stated: - Damage to facility walls was routine for a "level 3" facility. - He was aware of some of the cited issues, such as the popcorn finish peeling from the ceilings.	V 736		