STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL074-142	B. WING		07/2	1/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	
WECARI	E RESIDENTIAL FACI	I ITY #2	ICHARD ROA NC 27884	<b>ND</b>		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	TS .	V 000			
		w up survey was completed Deficiencies were cited.				
		sed for the following service AC 27G .1700 Residential cure for Children or				
		sed for 3 and currently has a urvey sample consisted of clients.				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	only be administered order of a person a drugs.  (2) Medications shat clients only when at client's physician.  (3) Medications, included administered only bunlicensed persons pharmacist or other privileged to prepar (4) A Medication Adall drugs administer current. Medication recorded immediate MAR is to include the (A) client's name;  (B) name, strength, (C) instructions for (D) date and time the	inistration: non-prescription drugs shall ad to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be all licensed persons, or by a trained by a registered nurse, a legally qualified person and a and administer medications. Iministration Record (MAR) of a to each client must be kept a sadministered shall be ally after administration. The				

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

(X6) DATE TITLE

AND DUAN OF CODDECTION IDENTIFICATION NUMBER.		, ,	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
				7 20.2510.	AL BOILDING.		₹
		MHL074-14	2	B. WING		07/2	21/2022
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
WECARI	E RESIDENTIAL FACI	ILITY #2		CHARD ROA NC 27884	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIEN Y MUST BE PRECEDED SC IDENTIFYING INFO	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From particle drug. (5) Client requests checks shall be recipile followed up by a with a physician.	for medication ch	ith the MAR	V 118			
	This Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to keep the MARs current for 1 of 3 audited clients (#1) and to ensure medications administered were recorded on each client's MAR immediately after administration for 1 of 3 audited clients (#3). The findings are:						
	Finding #1: Review on 7/21/22 - 14 year old male a - Diagnoses include Hyperactivity Disord Defiant Disorder Physician's order nasal spray (allergy spray each nostril of	admitted 3/03/22. ed Attention Defic der (ADHD) and 0 signed 4/04/22 fo y relief) 50 microg	it Oppositional r fluticasone				
	Review on 7/21/22 July 2022 revealed nasal spray.		•				
	Observation on 7/2 of client #1's medic supply of fluticason	ations on hand re					
	During interview on	n 7/21/22 client #1	stated he				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		<del></del>		₹
MHL074-142	B. WING		07/2	1/2022
	DRESS, CITY, ST			
I WECARE RESIDENTIAL FACILITY #2	ICHARD ROAI NC 27884	J		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118 Continued From page 2 took his medications daily with staff assistance and had never missed any.  Finding #2: Review on 7/21/22 of client #3's record revealed: - 17 year old male admitted 12/06/17 Diagnoses included Disruptive Mood Dysregulation Disorder, ADHD, and Adjustment Disorder with anxiety and depression Physician's orders signed 2/04/22 for aripiprazole (antipsychotic) 10 milligrams (mg) 1 tablet every morning; bupropion (antidepressant) 75 mg 1 tablet twice daily; and signed 4/26/22 for fluticasone (allergy relief) 50 mcg 1 spray each nostril daily.  Review on 7/21/22 of client #3's MARs for April - July 2022 revealed: - Transcriptions for medications as ordered No staff documentation of administration of aripiprazole, bupropion or fluticasone on 4/30/22 and no documented explanation for the blanks.  Observation on 7/21/22 at approximately 1:15 pm of client #3's medications on hand revealed: - aripiprazole 10 mg 1 tablet every morning dispensed 6/17/22 bupropion 75 mg 1 tablet twice daily dispensed 7/01/22 fluticasone 50 mcg 1 spray each nostril daily dispensed 6/02/22.  During interview on 7/21/22 client #3 stated he took his medications daily with staff assistance and had never missed any.  During interview on 7/21/22 the Assistant Operations Manager stated: - He was responsible for medications, including ensuring all medications were available for	V 118			

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AND DI AN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL074-142	B. WING		07/2	R 11/2022
	PROVIDER OR SUPPLIER  E RESIDENTIAL FACI	1 ITY #2 5293 WH	DDRESS, CITY, S			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 118	administration.  - Other staff reporter medication was low pharmacy to get a report of the control of the contr	ed to him when a supply of and he would notify the refill. always available. cone was not returned to the ome visit. why there were blanks on the accurately document tration it could not be a received their medications	V 118			
V 296	Staffing  10A NCAC 27G .17 REQUIREMENTS (a) A qualified profit elephone or page. able to reach the fatimes. (b) The minimum required when child present and awake (1) two direct one, two, three or for (2) three direct for five, six, seven adolescents; and (3) four direct nine, ten, eleven or adolescents. (c) The minimum reduring child or adole follows:	care staff shall be present for our children or adolescents; ct care staff shall be present or eight children or t care staff shall be present fo				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					SURVEY PLETED	
		MHL074-142	B. WING			R <b>21/2022</b>
	PROVIDER OR SUPPLIER  E RESIDENTIAL FACI	1 ITY #2 5293 WH	DDRESS, CITY, S IICHARD ROA 5, NC 27884			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 296	and one shall be aver children or adolesce (2) two direct and both shall be a children or adolesce (3) three direct of which two shall be asleep for nine, ten adolescents.  (d) In addition to the care staff set forth in Rule, more direct or the facility based or individual needs as plan.  (e) Each facility she supervision of child are away from the facilid or adolescent.	vake for one through four ents; care staff shall be present wake for five through eight				
	interviews the facilit minimum number of to ensure supervision when they are away accordance with indicas specified in the tare:	on, record reviews and ty failed to ensure the of direct care staff required and on of children or adolescents of from the facility in dividual strengths and needs reatment plan. The findings				
	at a "summer camp	1/22 at approximately 9:45 am " program in a nearby town client # 2 and a client from a				

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AND DUAN OF CODDECTION IDENTIFICATION NUMBER.		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. DOILDING.		R	
		MHL074-142	B. WING	· · · · · · · · · · · · · · · · · · ·		1/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
WECAD	E RESIDENTIAL FACI	5293 WHI	CHARD ROA	AD		
WECAN	E RESIDENTIAL FACI	STOKES,	NC 27884			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 296	Continued From pa	ige 5	V 296			
	sister facility were present at the program with no facility staff supervising. Camp staff was predominately female.					
	Review on 7/21 22 of client #1's record revealed: - 14 year old male admitted 3/03/22 Diagnoses included Attention Deficit Hyperactivity Disorder (ADHD) and Oppositional Defiant Disorder Comprehensive Clinical Assessment Addendum dated 2/21/22 included documented history of physical assault of a peer; property destruction; pattern of sexually offending, including inappropriate touching of younger females; poor self control; stealing, frequent lying; and non-compliance.					
	During interview on 7/21/22 client #1 stated staff #2/the Assistant Operations Manager drove him and his peers to the summer camp program alone, with no other staff.					
	<ul> <li>- 14 year old male a</li> <li>- Diagnoses include presentation; Disru Disorder; and Conconset.</li> <li>- Clinical Intake Ass 4/12/22 included do behavioral issues a from peers; defiant fire alarms; manipud destruction; threats authority figures.</li> <li>- Clinical Intake Ass 1/25/22 included "rearound the clock."</li> <li>- Clinical Intake Ass</li> </ul>	of client #2's record revealed: admitted 5/03/22. ed ADHD, combined ptive Mood Dysregulation duct Disorder, adolescent sessment Addendum dated ocumented probation due to at school; history of stealing and impulsive behaviors; false allation of others; property at to run away; profanity toward sessment Addendum dated equires constant supervision sessment dated 8/10/21 inappropriate touching of				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/IDENTIFICATION	SUPPLIER/CLIA TION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
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		MHL074	-142	B. WING			21/2022
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
WECAR	E RESIDENTIAL FACI	LITY #2		CHARD ROA NC 27884	AD		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 296	Continued From pa	ige 6		V 296			
	females.						
	During interview on 7/21/22 client #2 stated staff #2/the Assistant Operations Manager drove him and his peers to the summer camp program alone, with no other staff.						
	Review on 7/21/22 - 17 year old male a - Diagnoses include Dysregulation Diso Disorder; and Adjust and depression.	admitted 12/06 ed Disruptive M rder; Opposition	6/17. Mood onal Defiant				
	During interview on - He did not attend because he would - Staff #2/the Assis drove him and his program alone, with - He rode with staff Manager and his program and return others were dropped - The Operations Manager, but not on 7/2	the summer care tant Operation opers to the sum no other staff #2/the Assistate eers to the sum ned to the facilitied off at camp. If anager rode w	amp program om others." s Manager immer camp f. ant Operations mmer camp ity after the				
	During interview on Operations Manage - A minimum of 2 s the clients. - A third shift staff v had to transport the - "I might have to d because the third s	er stated: taff were alway vould accompa e clients in the o it alone ever	ys present with any him when he mornings. y now and then				
	During interview on Manager stated: - There was always with the clients.						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED	
		MHL074-142	B. WING			R <b>21/2022</b>
	PROVIDER OR SUPPLIER  E RESIDENTIAL FACI	1 ITY #2 5293 WHI	DRESS, CITY, S CHARD ROA NC 27884	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 296	- Clients #1 and #2 facility attended the last day of camp wa - The "summer cam privately owned age - Camp activities in technology activities - The clients' guard attend camp He offered to sens supervision, but "the there, that they had - 2 staff were prese transported He was not aware Operations Manage peer to "summer capresent."	and a peer from a sister "summer camp" program; the as 7/21/22. np" was operated by a ency. cluded science and	V 296			
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a safe manner and shall b odor.  This Rule is not me Based on observati was not maintained manner. The finding	I its grounds shall be e, clean, attractive and orderly e kept free from offensive et as evidenced by: on and interview the facility in a safe, clean and attractive	V 736			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
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		MHL074-142	D. 11.10		07/2	1/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		5293 WH	ICHARD ROA	AD.		
WECAR	E RESIDENTIAL FACI	I ITY #2	NC 27884			
	0					
(X4) ID PREFIX	_	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
1/700	0		1/ 700			
V 736	Continued From pa	ge 8	V 736			
	am of the facility rev	vealed:				
		living room was heavily				
		ular pattern around the ceiling				
	fan.	dia pattern areana the coming				
		ately 8 inches long to the wall				
		set door molding in the living				
	room.	oot door molaing in the living				
		he microwave appeared				
	burned and rusty.	and midromate appeared				
		small chest freezer in the				
		eld on with clear packing type				
	tape.	old off Will Glodi packing type				
		imately 5 inch plastic disks				
		s throughout the facility.				
		n on the hall ceiling was				
	peeling off.	Ton the name onling was				
		nall bathroom counter was				
	worn and faded.					
		ound the bathtub was rough				
	and hand black stai					
		of the bathtub felt "spongy"				
	when stepped upor					
		inch by 4 inch repair to the				
		1's bedroom door was loose				
	and separated from					
	'	to client #2's bedroom door.				
		to the wall near the closet door				
	in client #3's bedroo					
		ce behind client #3's wardrobe				
	cabinet was torn.					
		rs approximately 8 inches by 8				
		s by 10 inches to the wall near				
	client #3's wardrobe					
	- Scuffs and stains	to client #3's bedroom door.				
		te in the hallway ceiling was				
	rusty and dusty.	, ,				
		e exterior of the facility were				
	separated from the					
	During interview on	7/21/22 the Operations				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED	
		MHL074-142	B. WING			R <b>21/2022</b>
	PROVIDER OR SUPPLIER  E RESIDENTIAL FACI	1 ITY #2 5293 WHI	DRESS, CITY, S CHARD ROA NC 27884	STATE, ZIP CODE AD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 736	Manager stated: - Damage to facility 3" facility He was aware of sas the popcorn finis - Gutters were not rethem down completoresolved.	walls was routine for a "level some of the cited issues, such the peeling from the ceilings. required by rule and if he took tely the issue would be stitutes a re-cited deficiency	V 736			

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