

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL058-022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/10/2022
--	---	---	--

NAME OF PROVIDER OR SUPPLIER AMANI RESIDENTIAL/HUMAN SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 105 ROBERSON DRIVE WILLIAMSTON, NC 27892
--	--

(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, complaint and follow up survey was completed on 6/10/22. The complaint was substantiated Intake #NC00189588. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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;</p>	V 118		

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

Andrea M. Green

TITLE

Corporate Compliance Officer

(X6) DATE

07/21/22

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL058-022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/10/2022
--	---	---	--

NAME OF PROVIDER OR SUPPLIER AMANI RESIDENTIAL/HUMAN SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 105 ROBERSON DRIVE WILLIAMSTON, NC 27892
--	--

(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 118	<p>Continued From page 1</p> <p>(D) date and time the drug is administered; and (E) name or initials of person administering the 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 record review, observation and interview the facility failed to administer medications on the written order of a physician affecting 1 of 3 audited clients (#1) and failed to keep the MAR current for 3 of 3 audited clients (#1, #2, #3). The findings are:</p> <p>A. Example of medication not being available in the facility</p> <p>Review on 6/9/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 5/28/21 - 14 years old - Diagnoses: Post-traumatic Stress Disorder (PTSD) and Attention-Deficit/Hyperactivity Disorder (ADHD) - Doctor's order dated 5/27/22 revealed: <ul style="list-style-type: none"> - Guanfacine 2 milligram (mg) tablet (tab) every morning (ADHD) - Doctor's order dated 3/11/22 revealed: <ul style="list-style-type: none"> - Vyvanse 50 mg 1 tab every morning (ADHD) <p>Observation on 6/9/22 at 11:07 am revealed: no Guanfacine or Vyvanse available in the facility.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL058-022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/10/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER AMANI RESIDENTIAL/HUMAN SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 105 ROBERSON DRIVE WILLIAMSTON, NC 27892
--	--

(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 118	<p>Continued From page 2</p> <p>Review on 6/9/22 of client #1's May 2022 MAR revealed:</p> <ul style="list-style-type: none"> - 5/17/22 - 5/20/22 "waiting on pharmacy" for Guanfacine was written in ink across these dates. <p>Interview on 6/9/22 client #1's guardian reported:</p> <ul style="list-style-type: none"> - She was notified of client #1 being out of Guanfacine and that he only had 2 days left of the Vyvanse at the Child and Family Treatment (CFT) meeting on 5/25/22. - She was never notified prior to the meeting. - Issues with the facility are lack of communication, being kept updated and client #1 running out of medications. <p>Interview on 6/9/22 the Associate Professional (AP) reported:</p> <ul style="list-style-type: none"> - Checked the MAR daily to make sure the clients didn't run out of medications. - One of his duties was to order medications for the clients. - Client #1 had run out of 2 of his medications because the 3rd party company they received their prescriptions through had lost a doctor - During the time of the company finding a replacement doctor, he was calling to get refills but was unable due to lack of available doctors - Client #1 was out of Vyvanse for about 3 days and the Vyvanse for more than a week back in May 2022. - He notified the guardian when client #1 was low on his medications. - He followed his regular routine and ordered the medications when they were low. - A day or two later, he went to the pharmacy to pick up the medications and was told that they didn't have an order on file and they needed a new one. 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL058-022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/10/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER AMANI RESIDENTIAL/HUMAN SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 105 ROBERSON DRIVE WILLIAMSTON, NC 27892
--	--

(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 118	<p>Continued From page 3</p> <p>Interview on 6/10/22 the Pharmacist reported:</p> <ul style="list-style-type: none"> - The date the medication is requested is when it is re-filled. - They rarely carry any orders over from one day to another so that prescription is "dealt with the day it's requested." - Last prescription for Guanfacine was filled on 4/11/22 so it would have run out around the middle of May. - The prescription from the doctor had been on file since May 27th so staff would have just needed to call for the re-fill - There wasn't a request for the Vyvanse until 6/8/22 and it was picked up on the same day. - No staff called for the Guanfacine until 6/8/22 and it was filled on 6/8/22 at 1:26pm and picked up at 5:20pm the same day. - Vyvanse was filled on 5/2/22 and filled again on 6/8/22 <p>Interview on 6/9/22 & 6/10/22 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - Didn't review the MARs - It was the responsibility of the AP to review the MARs and re-order medications. - If the clients are low or out of medication, the guardians are called but they try not to let it get to that point. - Client #1's guardian was notified at the CFT on 5/25/22. - The AP told him he notified client #1's guardian prior to the meeting but didn't have any documentation revealing that. - Would start reviewing the MAR because there was no one holding the AP accountable or double checking when there was a medication missing or a documentation error. <p>B. Examples of MARs not being kept current</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL058-022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/10/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER AMANI RESIDENTIAL/HUMAN SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 105 ROBERSON DRIVE WILLIAMSTON, NC 27892
--	--

(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 118	<p>Continued From page 4</p> <p>Review on 6/9/22 of client #1's May - June 2022 MARs revealed:</p> <ul style="list-style-type: none"> - 5/21/22 - 5/27/22 Staff initialed Guanfacine as being given when medication was not available in the facility. - 5/28/22 - space left blank and not initialed by staff. - 5/29/22 - staff initialed Guanfacine as being given when medication was not available in the facility. - 6/1/22 - 6/9/22 blank spaces and no staff initialed for Guanfacine - 6/1/22 - 6/8/22 staff initialed for Vyvanse as given when medication was not available in the facility. <p>Review on 6/9/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 6/29/21 - 13 years old - Diagnoses: Disruptive Mood disorder, Intermittent Explosive disorder and ADHD - Doctor's order dated 3/16/22 revealed: - Quetiapine 100 mg as needed (PRN) (antipsychotic) <p>Review on 6/9/22 of client #2's April, May and June 2022 MARs regarding the Quetiapine 100mg PRN revealed:</p> <ul style="list-style-type: none"> - 4/1/22 - 4/29/22 staff initialed that PRN was administered - 5/1/22 - 5/30/22 staff initialed that PRN was administered - 6/1/22 - 6/9/22 staff initialed that PRN was administered <p>Review on 6/9/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 3/18/22 - 12 years old - Diagnoses: PTSD, Disruptive Mood disorder and Dysthymic disorder 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL058-022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/10/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER AMANI RESIDENTIAL/HUMAN SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 105 ROBERSON DRIVE WILLIAMSTON, NC 27892
--	--

(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 118	<p>Continued From page 5</p> <ul style="list-style-type: none"> - Doctor's order dated 3/15/22 revealed: <ul style="list-style-type: none"> - Fluticasone 50 mcg (microgram) as needed (nasal symptoms) - Doctor's order dated 4/22/22 revealed: <ul style="list-style-type: none"> - Flovent 110 mcg as needed (steroid) <p>Review on 6/9/22 of client #3's April, May, and June 2022 MARs regarding the Fluticasone 50mcg PRN revealed:</p> <ul style="list-style-type: none"> - 4/1/22 - 4/29/22 staff initialed the PRN was administered. - 5/1/22 - 5/30/22 staff initialed the PRN was administered. - 6/1/22 - 6/8/22 staff initialed the PRN was administered. <p>Review on 6/9/22 of client #3's April, May, and June 2022 MARs regarding the Flovent 110 mcg PRN revealed:</p> <ul style="list-style-type: none"> - 4/22/22 - 4/29/22 staff initialed the PRN was administered. - 5/1/22 - 5/30/22 staff initialed the PRN was administered. - 6/1/22 - 6/8/22 staff initialed the PRN was administered. <p>Interview on 6/9/22 staff #1 reported:</p> <ul style="list-style-type: none"> - Duties were to maintain and oversee consumers and give medications - Never been without medication in the facility - He signed his initials when a consumer refused medication - Couldn't determine the last time a consumer took their PRN since all the blocks were initialed - The consumers normally didn't have to take their PRN's but the staff initialed anyway - "That's how we always do it." <p>Interview on 6/9/22 the AP reported:</p> <ul style="list-style-type: none"> - Client #3 sometimes refused his Fluticasone 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL058-022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/10/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER AMANI RESIDENTIAL/HUMAN SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 105 ROBERSON DRIVE WILLIAMSTON, NC 27892
--	--

(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 118	<p>Continued From page 6</p> <p>and Flovent as needed medications and he "hardly" used them but the staff was still signing off on them every day as if given</p> <ul style="list-style-type: none"> - He would start having staff put "R" on the MAR to indicate a refusal. - Didn't think there were supposed to be blank spaces on the MAR. <p>Interview on 6/10/22 the Chief Compliance Officer (CCO) reported:</p> <ul style="list-style-type: none"> - She did not oversee medications or MARs - There would be some "adjustments" made to the MAR. <p>Interview on 6/9/22 & 6/10/22 the Director reported:</p> <ul style="list-style-type: none"> - His understanding was that if a client refused medications, staff was to still initial the MAR - They have always initialed when the clients refused medications - A line was supposed to be drawn through with the initials to know a consumer refused their medications but there were no lines. <p>Review on 6/10/22 of the Plan of Protection signed by the CCO and dated 6/10/22 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <p>-Amani's Executive Management Team (Director, CFO (Chief Financial Officer), LP (Licensed Professional), QP, AP, and CCO) will meet today to discuss the findings of this audit by the state and how we can implement a new medication system at the facility. Following a plan created today, we will have a QA/QI (Quality Assurance/Quality Improvement) staff meeting by zoom on Monday June 13, 2022 to implement these changes for a systematic change and this will be monitored, updated and documented in Amani's policies and procedures to eliminate the</p>	V 118	<p>To correct this deficiency, Amani's Executive Management Team (Director, CFO (Chief Financial Officer), LP (Licensed Professional), QP, AP, and CCO) met on 6/10/2022 to discuss the findings of the audit by the state and how we could implement a new medication system at the facility. Following a plan created today, we will have a QA/QI (Quality Assurance/Quality Improvement) staff meeting by zoom on Monday June 13, 2022 to implement these changes for a systematic change and this will be monitored, updated and documented in Amani's policies and procedures to eliminate the risk of harm, neglect, and/or safety of the consumers we serve. Amani is very concerned about the safety and well-being of the clients we serve.</p> <p>To make sure the above doesn't happen again: Amani is going to contact Dempsey Pharmacy in Kinston, NC by June 30, 2022 who delivers medication and who has an electronic MAR system to find out how to set up an account with them and switch to their services. This shall be implemented by August 31, 2022 (after the QP and CCO get trained and trains staff). In the meantime, there will be a re-training for all staff to include QP and CCO by RN (Registered Nurse) for Medication Administration to ensure accuracy of procedures of administering meds (medications). Then, a new form created by the CCO with new codes to better enable staff to input correct information onto the MAR. There will also be another form that will include date, what staff called, time, who contacted-pharmacy/pharmacist, and their response) created for communication with the pharmacist for better medication management. Staff will not initial/sign off on PRN's or prescriptions that were not given. Medications will be checked and called in at least 2 weeks before prescription is due to run out by the AP. This process will be monitored by the AP, QP, and LP to ensure compliance. MAR's will be checked weekly by the AP and every 2 weeks by the QP as apart of AP's supervision. Parents/Guardians will be contacted within 24 hours if there is a problem with a medication by the QP in the event of a consumer running out of medications to ensure coordination of care for the clients served. This will be documented accordingly by the AP, QP, LP in progress notes as applicable.</p>	June 30, 2022

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL058-022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/10/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER AMANI RESIDENTIAL/HUMAN SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 105 ROBERSON DRIVE WILLIAMSTON, NC 27892
--	--

(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 118	<p>Continued From page 7</p> <p>risk of harm, neglect, and/or safety of the consumers we serve. Amani is very concerned about the safety and well-being of the clients we serve."</p> <p>"Describe your plans to make sure the above happens.</p> <p>-There will be a re-training for all staff to include QP and CCO by RN (Registered Nurse) for Medication Administration to ensure accuracy of procedures of administering meds (medications). Then, a new form created by the CCO with new codes to better enable staff to input correct information onto the MAR. There will also be another form that will include date, what staff called, time, who contacted-pharmacy/pharmacist, and their response) created for communication with the pharmacist for better medication management. Staff will not initial/sign off on PRN's or prescriptions that were not given. Medications will be checked and called in at least 2 weeks before prescription is due to run out by the AP. This process will be monitored by the AP, QP, and LP to ensure compliance. MAR's will be checked weekly by the AP and every 2 weeks by the QP as apart of AP's supervision. Parents/Guardians will be contacted within 24 hours if there is a problem with a medication by the QP in the event of a consumer running out of medications to ensure coordination of care for the clients served. This will be documented accordingly by the AP, QP, LP in progress notes as applicable."</p> <p>This facility serves clients with diagnoses which consisted of PTSD, ADHD, Disruptive Mood Disorder and Intermittent Explosive Disorder. Client #1 was prescribed Guanfacine and Vyvanse for ADHD. Neither of these medications were present in the facility. Client #1 had been</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL058-022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/10/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER AMANI RESIDENTIAL/HUMAN SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 105 ROBERSON DRIVE WILLIAMSTON, NC 27892
--	--

(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 118	Continued From page 8 out of these medications for over a week as staff had failed to call the pharmacy to request the refills. Although the medications were out, staff continued to initial the MAR as if they had administered the medications. The prescriptions were already on file at the pharmacy from the doctor prior to the medications running out. Staff routinely initialed as having administered PRN medications to client #2 and client #3 although staff rarely actually administered these medications. Staff thought all blanks on the MAR were to be initialed whether the medication was administered to the clients or not. Staff could not determine when the clients were actually administered the PRN medications. The Director and AP thought staff was supposed to initial the MAR even if the clients did not take the medications. The AP was responsible for checking over the MARs as well as ordering medications. Due to the systemic failures of the facility, this deficiency constitutes a Type A 1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2,000 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 118		
V 293	27G .1701 Residential Tx. Child/Adol - Scope 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility.	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL058-022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/10/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER AMANI RESIDENTIAL/HUMAN SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 105 ROBERSON DRIVE WILLIAMSTON, NC 27892
--	--

(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 293	<p>Continued From page 9</p> <p>(b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section.</p> <p>(c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services.</p> <p>(d) The children or adolescents served shall require the following:</p> <p>(1) removal from home to a community-based residential setting in order to facilitate treatment; and</p> <p>(2) treatment in a staff secure setting.</p> <p>(e) Services shall be designed to:</p> <p>(1) include individualized supervision and structure of daily living;</p> <p>(2) minimize the occurrence of behaviors related to functional deficits;</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p>	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL058-022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/10/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER AMANI RESIDENTIAL/HUMAN SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 105 ROBERSON DRIVE WILLIAMSTON, NC 27892
--	--

(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 293	<p>Continued From page 10</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to coordinate with other individuals and agencies within the child or adolescent's system of care affecting 1 of 3 audited clients (#1). The findings are:</p> <p>Review on 6/9/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 5/28/21 - 14 years old - Diagnoses: Post-traumatic Stress Disorder (PTSD) and Attention-Deficit/Hyperactivity Disorder <p>Interview on 6/9/22 the AP (Associate Professional) reported:</p> <ul style="list-style-type: none"> - He notified client #1's guardian when he was out of medication. - Normally guardians are updated about the clients at the CFT (Child & Family Treatment) meetings. - He "believed" he may have called her before the meeting but didn't document. <p>Interview on 6/9/22 client #1's guardian reported:</p> <ul style="list-style-type: none"> - She never knew about client #1's urology appt. or an upcoming surgery. - She read an attachment to an email from the facility dated 5/16/22 that read "preparing for surgery" and that's how she found out. - The email also stated that he had an upcoming Nephrology appointment on 7/5/22 that she didn't know about. - She responded to the email stating that she 	V 293	<p>Amani will coordinate with other individuals and agencies within the child or adolescent's system of care in a timely and appropriate manner. There will be a revision to our current communication log which will be created by the CCO to encompass communications between staff and linkages. This will be utilized by all staff responsible for coordination of care for the client and supervised by LP to ensure usage, thoroughness, and accountability in reporting systems.</p> <p>Using this form and being held accountable by the LP will help reduce and /or eliminate gaps of communication before, during, or after a CFT or any other coordination of care service provided to the consumers we serve. This form will be kept in its own notebook and will be updated in the policy and procedures of the agency. Staff will be trained on this form and its use accordingly.</p>	June 30, 2022

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL058-022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/10/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER AMANI RESIDENTIAL/HUMAN SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 105 ROBERSON DRIVE WILLIAMSTON, NC 27892
--	--

(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 293	<p>Continued From page 11</p> <p>was unaware of him having surgery as it was not mentioned</p> <ul style="list-style-type: none"> - She needed a director's approval for a procedure like that - The Director responded to her email and said that the AP was unaware of the surgery and would call the doctor's office to get it corrected. - She had not heard back from the facility. - Main issues with the facility were lack of communication, updates and the running out of medications. <p>Interview on 6/9/22 & 6/10/22 the QP (Qualified Professional) reported:</p> <ul style="list-style-type: none"> - They notified the guardians when the clients had a doctor's appointment. - If the clients were low or out of meds, guardians were called but they try not to let it get to this point - The AP was the one responsible for informing the guardians. - His understanding was that the guardian was informed that client#1 was out of meds but there was no documentation supporting that. - Client #1 had a urology appointment for issues of going to the bathroom multiple times through the night and the guardian was notified in the CFT meeting. - Normally the guardians find out updates in the CFT meeting unless there is something urgent. - The facility had signed consent forms on file to take the clients to the doctors and seek medical attention. <p>Interview on 6/10/22 the Director reported:</p> <ul style="list-style-type: none"> - "None of this should have never happened." <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL058-022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/10/2022
--	---	---	--

NAME OF PROVIDER OR SUPPLIER AMANI RESIDENTIAL/HUMAN SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 105 ROBERSON DRIVE WILLIAMSTON, NC 27892
--	--

(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