Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND I ENIT OF CONNECTION		15211111107111011152111	A. BUILDING:			
		MHL036-347	B. WING		R 08/23/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
HARMON	Y HOUSE	600 BETT) GASTONIA	STREET A, NC 28054			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	COMPLETE DATE
{V 000}	INITIAL COMMENTS		{V 000}			
	A follow up survey wa 2022. A deficiency wa	as completed on August 23, as cited.				
	This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.					
		d for 3 and currently has a reconstruction of ents.				
{V 118}	27G .0209 (C) Medica	ation Requirements	{V 118}			
	only be administered order of a person autidrugs. (2) Medications shall clients only when auticlient's physician. (3) Medications, incluadministered only by unlicensed persons transmistered to other leprivileged to prepare (4) A Medication Admall drugs administered current. Medications are corded immediately MAR is to include the (A) client's name; (B) name, strength, and (C) instructions for according to the contraction of	stration: n-prescription drugs shall to a client on the written norized by law to prescribe be self-administered by norized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse, regally qualified person and and administer medications. inistration Record (MAR) of d to each client must be kept administered shall be refer administration. The following:				

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER.	A. BUILDING: _			
	MHL036-347 B. WING		R 08/23/2022			
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
HARMON	Y HOUSE	600 BETTY				
		GASTONIA	A, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
{V 118}	checks shall be recorfile followed up by apwith a physician. This Rule is not met Based on records revinterview, the facility for were only administered.	r medication changes or ded and kept with the MAR pointment or consultation	{V 118}			
	3 clients(client #3). The Review on 8/18/22 of - Admission date 1/24 - Age 15; - Diagnoses of Post Tobis Disruptive Mood Dysroperssive Disorder; - Physician's order May (for sleep) take 2 table dated 8/3/22. Observations on 8/18 medication revealed: -Melatonin 3mg three needed) Review on 8/18/22 of 16, 2022- August 18, - Melatonin 3mg was August 3, 2022-August 3	regulation Disorder, major elatonin 5 milligrams(mg) ets by mouth at bedtime 1/22 at 12:21pm of client #3's tablets at bedtime PRN(as 1/21 client #3's MARs from June 2022 revealed: administered as a PRN				

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	VIDER/SUPPLIER/CLIA TIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
Mi	HL036-347	B. WING		R 08/23/2022					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
HARMONY HOUSE 600 BETTY STREET GASTONIA, NC 28054									
(X4) ID SUMMARY STATEMENT O PREFIX (EACH DEFICIENCY MUST BE TAG REGULATORY OR LSC IDENTIF	PRECEDED BY FULL	ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) (X5)			COMPLETE				
V 118 Continued From page 2	- August 18, 2022; - House Manager #2 T Director - Macy in reference - the group home; - by new medical - was a change for - #3's electronic - ne old order. - Group Home - ferenced the - ecited deficiency	{V 118}							

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