Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
				R				
MHL042-087		B. WING		09/09/2022				
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
FARMIN	ADVANTAGE II O	289 WADI	EROAD					
FAMILY ADVANTAGE, LLC SCOTLAND NECK, NC 27874								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COMP		(X5) COMPLETE DATE		
V 000	INITIAL COMMENTS		V 000					
	completed on 9/9/2 unsubstantiated (In Deficiencies were c	nt and follow up survey was 2. The complaint was take #NC 00191460). ited. sed for the following service C 27G .1700 Residential						
	Treatment Staff Sec Adolescents.	cure for Children or						
	census of 4. The su	sed for 4 and currently has a livey sample consisted of clients, 1 former client.						
V 118	27G .0209 (C) Med	ication Requirements	V 118					
	only be administere order of a person a							
		Ill be self-administered by uthorized in writing by the						
	administered only b unlicensed persons pharmacist or other privileged to prepar	luding injections, shall be y licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications.						
	all drugs administer current. Medication recorded immediate	ministration Record (MAR) of red to each client must be kept is administered shall be ally after administration. The						
		and quantity of the drug; administering the drug;						

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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		
THE PERIOD CONTROL	ibertii io, triett itembert.	A. BUILDING:	<u></u>				
	MHL042-087	B. WING			२ 09/2022		
NAME OF PROVIDER OR SUPP	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
FAMILY ADVANTAGE, LLC 289 WADE ROAD SCOTLAND NECK, NC 27874							
PREFIX (EACH DEFICI	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETE DATE		
(E) name or initiary. (5) Client requeschecks shall be file followed up with a physician with a physician order of a phys. The findings and Review on 9/7/2 - Admitted 6/8/2 - Diagnoses Posattention deficit Disruptive moon history, specific - No physician (mood) Take 1 Melatonin 3mg every night at be 2mg (urinary cevery night at be 2mg (urinary ceve	ne the drug is administered; and ials of person administering the sts for medication changes or recorded and kept with the MAR by appointment or consultation i.  It met as evidenced by: d review and interview the facility ster medications on the written cian for 1 of 3 audited clients (#2). Example 22 of client #2's record revealed: Description disorder combined, d Dysregulation disorder by learning disorder for: Fluoxetine HCL 40mg capsule by mouth once daily, (sleep) Take 1 tablet by mouth edtime, Desmopressin Acetate pontrol) Take 1 tablet by mouth edtime  Description disorder and 2 of client #2's August and 2 MAR revealed: en daily	V 118					

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Division of Health Service Regulation STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
MHL042-087		B. WING			R <b>09/09/2022</b>			
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
FAMILY ADVANTAGE, LLC 289 WADE ROAD SCOTLAND NECK, NC 27874								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE		
V 118	-Client medication a given daily -Physician orders a -The PD and the Che the MAR weekly Interview on 9/7/22 reported: - The physician orders a - Will provide the or survey Interview on 9/8/22 -Physician orders a -Will provide the ord survey	are on the computer and are re not one of her duties nief Operation Officer check the Program Director (PD) ers should be filed in the chart reders before the end of the the Licensee reported: re kept in the client charts ders before the close of the res were not provided by the	V 118					

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BGTZ11 If continuation sheet 3 of 3