	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED	
MH		MHL041-852	B. WING	B. WING		R 01/26/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
	OF THEIR OWN LLC	5629 BU	RLINGTON RC	DAD			
		MC LEA	NSVILLE, NC	27301			
(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 ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
V 000	INITIAL COMMEN	TS	V 000				
	completed on Janu	int and follow up survey was uary 26, 2023. The complaint ed (intake # NC00196989). cited.					
	category: 10A NCA	sed for the following service \C 27G .1700 Residential cure for Children or					
	census of 3. The s	sed for 4 and currently has a urvey sample consisted of clients and 1 former client.					
V 118	27G .0209 (C) Med	dication Requirements	V 118				
	only be administered						
	 (2) Medications sha clients only when a client's physician. (3) Medications, ind 	all be self-administered by authorized in writing by the cluding injections, shall be by licensed persons, or by					
	unlicensed persons pharmacist or othe privileged to prepare (4) A Medication Ac all drugs administe	s trained by a registered nurse r legally qualified person and re and administer medications dministration Record (MAR) of red to each client must be kep					
	recorded immediat MAR is to include t (A) client's name;	-					
/ision of H		, and quantity of the drug; administering the drug;					

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

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,			E SURVEY PLETED
N		MHL041-852	B. WING			R 26/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
A PLACE	OF THEIR OWN LLC		RLINGTON RONSVILLE, NC			
(X4) ID	SUMMARY STA		ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	COMPLE DATE
V 118	Continued From pa	ige 1	V 118			
	(E) name or initials drug.(5) Client requests checks shall be reconstructed.	he drug is administered; and of person administering the for medication changes or corded and kept with the MAR appointment or consultation				
	interviews, the facil medications were a	view, observations, and ity failed to ensure administered on the written n affecting 2 of 3 clients (client				
	-Date of Admission -Age: 16; -Diagnoses: "Disru Disorder; Conduct type with limited pro Attention Deficit Hy (by history) and Inte	ptive Mood Dysregulation Disorder, Adolescent onset osocial emotions Moderate; peractivity Disorder Combined ellectual Disability (Intellectual	ł			
	Development Disor -There was no phys milligrams (mg).	der) Mild;" sician order for Loratadine 10				
	on hand revealed:	0/23 of client #1's medications), take 1 tablet by mouth daily	3			
		of client #1's MARs for the er 2022 and January 2023				

AND PLAN OF CORRECTION		egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED
		MHL041-852	B. WING			R 26/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
A PLACE	E OF THEIR OWN LLC		RLINGTON RO			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 118	revealed: -Loratadine 10 mg administered from -Loratadine 10 mg administered from -Loratadine 10 mg administered from administered daily to Interview on 1/19/2: staff administered h Interview on 1/25/2: revealed: -It's the responsibili Professional, Assoc to ensure that they medications; -"We request a 30 physician orders, and medications but the appropriate docume -Client #1 was adm the physician orders Review on 1/18/23 -Date of Admission -Age: 13; -Diagnoses: "Oppor Attention Deficit Hy Presentation and U Disorder." Observation on 1/2 on hand revealed: -No prescription for spray, administer 15 the morning for alle Review on 1/20/23 the Flonase was no	was documented as being 12/20/22 through 12/31/22; was documented as being the month of January 2023. 3 with client #1 revealed that her medicine daily. 3 with the Owner of the facility ty of the Qualified ciate Professional, and herself have physician orders for all day supply of medication, nd prescriptions of all ey don't always bring the ents the day of admission;" itted into the facility without s for her medications. of client #3's record revealed: : 12/8/22; sitional Defiant Disorder; peractive Disorder Combined nspecified Depressive 0/23 of client #3's medications - Flonase 27.5 microgram -2 sprays into each nostril in				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
		MHL041-852				R 26/2023
	PROVIDER OR SUPPLIER		I DRESS, CITY, ST			
		5629 BUR				
A PLACE	E OF THEIR OWN LLC	•	SVILLE, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pa	ige 3	V 118			
	Associate Profession -"The staff that is con- responsible to ensu- physician orders for -I did not know any prescription for Floo day). Staff does not from and we have no Interview on 1/26/2 - "[Client #3's] moth terminated and she	ompleting the intake is ure that the facility has				
V 296	and must be correc	stitutes a re-cited deficiency ted within 30 days. ntial Tx. Child/Adol - Min.	V 296			
	REQUIREMENTS (a) A qualified profitelephone or page. able to reach the fattimes. (b) The minimum required when child present and awake (1) two direct one, two, three or fat (2) three direct for five, six, seven of adolescents; and	t 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 for				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		MHL041-852	B. WING			R 26/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
A PLACE	OF THEIR OWN LLC		RLINGTON RC			
		MC LEAI	NSVILLE, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 296	Continued From pa	ge 4	V 296			
	during child or adol follows: (1) two direct and one shall be ave children or adolesc (2) two direct and both shall be a children or adolesc (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 on individual needs as plan. (e) Each facility sh supervision of child are away from the facility of the facility shows child or adolescent	care staff shall be present wake for five through eight ents; and ct care staff shall be present be awake and the third may be , eleven or twelve children or me minimum number of direct in Paragraphs (a)-(c) of this are staff shall be required in n the child or adolescent's specified in the treatment all be responsible for ensuring ren or adolescents when they facility in accordance with the s individual strengths and in the treatment plan.				
	interviews, the facil care staff were pres	views, observations, and ity failed to ensure two direct sent for every one, two, three adolescents. The findings are:				
	Observation on 1/1 revealed:	8/23 at approximately 9:30 am #1 were observed being alone				

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		MHL041-852	B. WING	NG		R 01/26/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
A PLACE	OF THEIR OWN LLC		RLINGTON RC				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE	
V 296	Continued From pa	age 5	V 296				
	member was availa -Daily observation of in the facility from 1 -Staff were observe shift was not assign Interview on 1/20/2 she was working fin #1 had not started Interview on 1/19/2 -Staff was alone in this happened twice exactly when staff of Interview on 1/26/2 -"Do you know how work first shift for a people for one client two jobs." This deficiency corr and must be correct	of Staff #1 and client #1 alone 1/19/23 through 1/23/23. ed in/out of the facility but the ned to them. 33 with staff #1 revealed that rst shift alone because client school. 33 with client #2 revealed: the facility with four clients and e; Client #2 was unsure of was alone with the clients. 33 with the Owner revealed: 7 hard it is to get someone to a month, much less pay two nt? Most of them (staff) have estitutes a re-cited deficiency cted within 30 days.					
V 736	10A NCAC 27G .03 EXTERIOR REQU (c) Each facility and maintained in a saf	ity and Grounds Maintenance 303 LOCATION AND IREMENTS d its grounds shall be ie, clean, attractive and orderly be kept free from offensive	V 736				
ision of U	This Rule is not m ealth Service Regulation	et as evidenced by:					

STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		MHL041-852				R 26/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
A PLACE	OF THEIR OWN LLC		RLINGTON RC			
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	COMPLET
V 736	Continued From pa	age 6	V 736			
	Based on observations and interviews, the facility staff failed to ensure the facility and its grounds were maintained in a safe, clean, attractive and orderly manner. The findings are: Observations on 1/19/23 at approximately 12:20 pm revealed: -The kitchen hardwood floor had several tiles that were worn and discolored; -The tub had rust under the faucet and several areas of discoloration; -The closet had an access panel that was removed, exposing insulation, and had not been repaired. Interview with the Owner on 1/26/23 revealed: -She knew something needed to be done about the floors but her last estimate was ten thousand dollars. "How am I supposed to take care of these		t			
		eaning, the girls (clients) e tub, and staff had cleaned				
		nstitutes a re-cited deficiency cted within 30 days.				