STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL058-022	A. BUILDING: _____ B. WING _____	R 12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMANI RESIDENTIAL/HUMAN SERVICES, INC	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}	INITIAL COMMENTS An follow up survey was completed on 12/1/22. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 3 current clients	{V 000}		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa	V 117		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL058-022	A. BUILDING: _____ B. WING _____	R 12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMANI RESIDENTIAL/HUMAN SERVICES, INC	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 117	Continued From page 1 center), and the name of the dispensing practitioner. This Rule is not met as evidenced by: Based on record review and interview the facility failed to retain the packaging label for medication for 1 of 3 clients (#2). The findings are: Review on 10/22/22 of client #2's record revealed: - Admitted : 8/22/22 - 14 years old - Diagnoses: Disruptive Mood disorder, Intermittent explosive disorder, Attention Deficit Hyperactivity Disorder - No physician order for an EpiPen Observation on 10/22/22 at 11:00am of client #2's medication revealed: - EpiPen in medication box with no label or identifying information Interview on 10/12/22 the House Manager stated: -No one at the home used an EpiPen -Didn't know why this EpiPen was in the client's box -"Not sure where the EpiPen came from"	V 117		
{V 118}	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration:	{V 118}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL058-022	A. BUILDING: _____ B. WING _____	R 12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMANI RESIDENTIAL/HUMAN SERVICES, INC	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 2 (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; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (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. 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 and failed to keep the MAR current for 1 of 3 clients (#3). The findings are:	{V 118}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL058-022	A. BUILDING: _____ B. WING _____	R 12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMANI RESIDENTIAL/HUMAN SERVICES, INC	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 3 A. Example of medication not having doctor's orders Review on 10/22/22 of client #3's record revealed: - Admitted : 8/9/22 - 15 years old - Diagnoses: Attention Deficit Hyperactivity Disorder (ADHD), Mood Dysregulation Disorder - No doctors orders for the medications listed on the MAR Review on 10/12/22 of client #3's September & October 2022 MARs revealed: -Escitalopram 20 milligram (mg) (depression) -Hydroxyzine 50mg (anxiety) -Quetiapine 200mg (bipolar disorder) -Dulera 100 microgram (mcg) (asthma) -Staff initialed for medications administered September 1-30 and October 1-12, 2022. -Melatonin 1mg (promote sleep) given September 1-15 2022 Observation on 10/22/22 at 11:00am of client #3's medications revealed: -Escitalopram 20mg -Hydroxyzine 50mg -Quetiapine 200mg -Dulera 100mcg -Melatonin 1mg -Dulera 100mcg -Fluticasone Propionate 50mcg (allergies) Interview on 10/12/22 the House Manager (HM) stated: -He should have the doctor's orders at the home -The pharmacy may be able to send over the orders	{V 118}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL058-022	A. BUILDING: _____ B. WING _____	R 12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMANI RESIDENTIAL/HUMAN SERVICES, INC	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 4 Interview on 10/12/22 the Corporate Compliance Officer (CCO) stated: -Medication prescriptions should be in the home along with the medication -Does a quarterly review of medications -When a medication check was completed, medication "bottles would be checked against the MAR to ensure medications are prescribed correctly and the last time that the cross check was completed was in June 2022" -The Qualified Professional (QP) should be checking behind the HM every 2 weeks B. Example of MARs not being kept current and medications not being administered as ordered: Review on 10/22/22 of client #3's September 2022-October 2022 MARs revealed: -Administration instructions: -Fluticasone Propionate 50 mcg Instill two sprays into each nostril once a day -Melatonin 1mg Take one tablet by mouth at bedtime -September 2022: 15th -30th blank spaces and no documentation as being administered -October 2022: 1st-12th blank spaces and no documentation as being administered Interview on 10/12/22 the HM stated: -He must have read the bottle incorrectly for the Fluticasone Propionate -He thought the Fluticasone Propionate was as needed (PRN) -The melatonin was giving client #3 nightmares -He "stopped [client #3] from taking the medication (melatonin) to be able to tell the doctor at the medication review how [client #3] was responding to not taking the medication" Interview on 10/12/22 the QP stated:	{V 118}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL058-022	A. BUILDING: _____ B. WING _____	R 12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMANI RESIDENTIAL/HUMAN SERVICES, INC	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 5 -Was unaware of any of the medication issues -Had not started checking the medications or the MARs -He will begin to get more involved with medications and doctor's orders -Had not checked the medication boxes Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician. 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? 1st-Amani (Licensee) will immediately have an Executive Management Team Staff Meeting (Director, CFO (Chief Financial Officer), LP (Licensed Professional), QP , AP (Associate Professional) and CCO) today to discuss these findings (failure to comply with V118 from June, 2022-same tag but different findings) which consist of : (1) Medication being transcribed incorrectly by the A: for consumer's nose Spray, (2) Medication had been stopped by AP due to consumer continuously refusing it (Melatonin), and (3) and Epi Pen showing up/being found in a consumer's med box without a prescription or label. 2nd- Pharmacy will be contacted today to request that they transcribe Armani's MAR's from now. The consumers' MAR's will be sent from the home by the QP to the CCO who will submit them to the pharmacy the paper MAR's to the electronic QuickMAR system within next 30 days. Amani will become compliant with Tag V118 no later than October 26,2022 Describe you plans to make sure the above happens. A. Pharmacy will be responsible for our MAR's	{V 118}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL058-022	A. BUILDING: _____ B. WING _____	R 12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMANI RESIDENTIAL/HUMAN SERVICES, INC	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 6	{V 118}		

and transcribing them. There will be a staff training by CCO announcing this, these findings, and the new medication administration changes of how to report med errors on Thursday, October 13,2022 via phone and again on October 19, 2022 via face to face.
B. Moving forward, if there is a medication Error:
a. The CCO will be contacted and this will be reported immediately to the Doctor/Pharmacist and their recommendations for how to handle this error will be noted on a newly created from (by CCO) with the date/time error was reported and reported by whom, the doctor's name spoken to, and the doctor's recommendations-this form will be kept in a notebook.
b. The CCO will ensure this information is submitted in CCO report monthly to AHRS (Amani Human Rights Staff), EMT check the Mar to ensure its noted appropriately by staff and that they complete the Internal Incident Report, ensure that the QP submits the IRIS (Incident Response Improvement System) report and contacts the Legal Guardian as needed.
C. There will be bi-weekly med (medication) checks (Medications, MAR, Med boxes, physicians's orders, consumer responses) by the CCO which will include a form that includes a checkoff list (created by CCO) of what should be included in each consumer's medication box and this will be kept in a separate notebook for review and to be signed off on when checks are done. Anything suspicious will be reported by the CCO to the Executive Management Team in writing in a monthly report unless something warrants sooner.

This facility serves clients with diagnoses which consisted of ADHD and Mood Dysregulation Disorder. There were no doctor's orders for client #3's medications. Staff did not administer client

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL058-022	A. BUILDING: _____ B. WING _____	R 12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMANI RESIDENTIAL/HUMAN SERVICES, INC	**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 7 #3's Fluticasone Propionate for 28days from September 15th-October 12th, 2022. Staff stopped administering client #3's Melatonin without notifying a doctor from September 15th -October 12th, 2022. This deficiency constitutes a Failure to Correct the Type A1 rule violation originally cited for serious neglect. An administrative penalty of $500.00 per day is imposed for failure to correct within 23 days.	{V 118}		