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	MHL066-024	A. BUILDING: _____ B. WING _____	R 05/22/2023

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on May 22, 2023. 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 4. The survey sample consisted of audits of 3 current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 1	V 112		

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure goals and strategies were developed to meet the needs of 1 of 3 audited clients (#2). The findings are:

Review on 5/17/23 of client #2's record revealed:
- Admitted 10/19/20
- Diagnoses of Major Depressive Disorder and Adult Attention Deficit Hyperactivity Disorder (ADHD) combined type

Review on 5/19/23 of client #2's Person-Centered Profile and Crisis Prevention Plan dated 10/5/22 revealed:
- No goal or strategies to address elopement behaviors

During interview on 5/19/23 client #2 reported:
- He left the facility to go to the "back edge of the woods" to calm down
- "Its just a place to calm down"

During interview on 5/17/23 staff #1 reported:
- Client #2 would leave the facility
- She called the police when a client left the facility

During interviews on 5/17/23 and 5/19/23 the Compliance Director reported:
- The police was called for to elopements

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V 112	Continued From page 2 - Client #2 would elope from the facility - Client #2's elopement behavior started in October - His Person-Centered Plan was not updated to address the behavior because he was "scheduled to leave any day now" During interview on 5/22/23 the Director reported: - Client #2 would go "AWOL" (absence without official leave) - Could not recall how many times client #2 eloped - Client #2's elopement behavior was addressed in his crisis plan - "The crisis plan did not specifically say AWOL. Just mentioned crisis" - "The crisis plan covers all crises. Elopement is considered a crisis"	V 112		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which	V 113		

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V 113	Continued From page 3 shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure orders and copies of lab tests were kept in client records for 1 of 3 audited clients (#3). The findings are: Review of client #3's record revealed: - Admitted 7/1/01 - Diagnoses of Moderate Intellectual Developmental Disability (IDD), Autism Spectrum Disorder, Level 2 in Social Communication and	V 113		

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V 113	Continued From page 4 Restrictive Interest, Level 1 in Repetitive Behaviors with Intellectual Impairment, Disruptive Mood Dysregulation Disorder - No order or copy of lab tests Observation at 11:38am on 5/17/23 of client #3's medication bin revealed: - Lithium Carbonate 150 milligram (mg) take 1 capsule by mouth (PO) twice a day (BID) (Mood) (no physician order) During interview on 5/19/23 client #3 reported: - He had lab work completed in September - Would get lab work done when he started new medications During interview on 5/17/23 the Compliance Director reported: - The facility was not given client #3's copy of lab work results - Only the guardian had access to client #3's lab work results - She would contact guardian to see if she could retrieve the results The copy of lab tests were not provided by the exit of this survey	V 113		
V 118	27G .0209 (C) Medication Requirements 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	V 118		

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V 118	Continued From page 5 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 observations, record review and interviews, the facility failed to administer medications on a written order of a physician for 2 of 3 audited clients (#2 & #3). The facility also failed to ensure medications were available in the facility affecting 1 of 3 audited clients (#3). A. Review on 5/17/23 of client #2's record revealed: - Admitted 10/19/20 - Diagnoses of Major Depressive Disorder and	V 118		

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V 118	Continued From page 6 Adult Attention Deficit Hyperactivity Disorder (ADHD) combined type - No signed physician's order Observation at 11:45am on 5/17/23 of client #2's medication bin revealed the following medications: - Miralax Powder mix 1 capful with 8 ounces of beverage of choice and drink every evening (Constipation) - Vyvanse 50 milligram (mg) take 1 capsule (cap) by mouth (PO) every morning (ADHD) - Melatonin 5 mg take 1 cap PO at bedtime (Sleep) - Cetirizine HCL 10 mg take 1 tablet (tab) PO every night at bedtime (Allergies) Review of client #3's record revealed: - Admitted 7/1/01 - Diagnoses of Moderate Intellectual Developmental Disability (IDD), Autism Spectrum Disorder, Level 2 in Social Communication and Restrictive Interest, Level 1 in Repetitive Behaviors with Intellectual Impairment, Disruptive Mood Dysregulation Disorder - No signed physician's order Observation at 11:38am on 5/17/23 of client #3's medication bin revealed: - Fluticasone Propionate Nasal Spray 50 microgram (mcg) use 2 sprays in each nostril daily (Allergies_ - Cetirizine HCL 10 mg take 1 tab PO daily (Allergies) - Lithium Carbonate 150 mg take 1 cap PO twice a day (BID) (Mood) - Guanfacine 1 mg take 1 & 1/2 PO BID (Hyperactivity) - Ziprasidone HCL mg take 1 cap PO every night at bedtime with food (Mood)	V 118		

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V 118	Continued From page 7 - Diphenhydramine 25 mg take 2 cap PO every night (Sleep) - Topiramate 50 mg take 1 tab PO every night at bedtime (Mood) During interview on 5/19/23 the Compliance Director reported: - Did not recall why physician's orders were not in the clients' records - Would call the pharmacy to have orders faxed to facility During interview on 5/22/23 the Director reported: - "People don't write prescriptions anymore" - Physician's orders were sent directly to the pharmacist The physician orders were not provided by the exit of the survey B. Observation at 11:38am on 5/17/23 of client #3's March, April, and May 2023 MARs revealed: - Banophen 25 mg take 1 capsule PO every night at bedtime (insomnia and agitation) - Banophen 25 mg not administered in the months of March, April, and May of 2023 Observation at 11:38am on 5/17/23 of client #3's medication bin revealed: - Banophen 25 mg was not present During interview on 5/17/23 staff #1 reported: - Client #3's Banophen was likely discontinued During interview on 5/17/23 staff #2 reported: - Client #3 was "out" of the Banophen - The Compliance Director and Associate Professional (AP) was responsible for checking and ordering medications	V 118		

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V 118	Continued From page 8 During interview on 5/19/23 the Compliance Director reported: - Client #3's Banophen was an PRN (as needed) medication that was discontinued - Did not recall when the medication was discontinued During interview on 5/22/23 the Director reported: - All staff were responsible for checking medications - Banophen was the same as Benadryl	V 118		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.	V 120		

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V 120	Continued From page 9 This Rule is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all medications were stored securely affecting 1 of 3 audited clients (#1). The findings are: Review on 5/17/23 of client #1's record revealed: - Admitted 7/27/22 - Diagnoses of Conduct Disorder childhood onset and Attention Deficit Hyperactivity Disorder (ADHD) combined type - Physician order dated 7/27/22 for Benzoyl Peroxide 5% gel Benzoyl Perosi apply topically twice daily as needed (Acne) Observation at 11:27am on 5/17/23 of client #1's medication bin revealed: - Benzoyl Peroxide 5% gel was not present Observation at 10:45am on 5/19/23 revealed: - The Compliance Director pulled client #1's Benzoyl Peroxide 5% gel from drawer located in the facility hallway During interview on 5/19/23 client #1 reported: - He used the Benzoyl Peroxide 5% gel about two days ago (5/17/23) During interview on 5/17/23 staff #1 reported: - Could not recall how long the medication was missing - The medication could have been in client #1's room - She (staff #1) asked client #1 if he had taken the medication and he told her 'no' During interview on 5/19/23 the Compliance Director reported: - She was responsible for checking	V 120		

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V 120	Continued From page 10 medications - Did not know why staff would say the medication was not in the facility - "It could be a possibility that it (client #1's medication) wasn't stored properly" - The medication was missing on Wednesday (5/17/23) - She saw the medication today (5/19/23) in the drawer when she pulled it opened During interview on 5/22/23 the Director reported: - All staff were responsible for ensuring the medication was in the facility - "Sometimes staff can put medication not back in the right spot"	V 120		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a clean and attractive manner. The findings are: Observation at 1:42pm on 5/17/23 during the facility tour revealed: - Unpainted patched area approximately 7 inches wide located on client #1's wall	V 736		

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V 736	Continued From page 11 - Hole approximately 3 inches wide in client #2's bedroom wall - Hole approximately 1 inch wide in client #3's bedroom wall beside his bed - Several scratches and pen markings in client #3's wall adjacent to bedroom door - Approximately 6 inch long crack in client #3's bedroom door - No doorknobs on client #3's closet door - Shower did not work in bathroom #2 located in client #2's and client #4's bedroom - Closet doors found leaning against wall and shower in bathroom #2 During interview on 5/19/23 client #2 reported: - He tripped and hit the wall which caused the whole in his bedroom - He did not use the shower in this bathroom #2 because it did not work - He used the shower in bathroom #1 During interview on 5/17/23 client #3 reported: - The hole had been in the wall for about a year - He did not cause the damages to the wall or door - His closet did not have doorknobs - "Been like that for 3 months" - The Director was working on replacing the closet doors During interview on 5/19/23 the Compliance Director reported: - The Director was responsible for repairs of the facility - The clients punched holes in the walls - Work orders were submitted for the holes in the doors - The contractors had to come back and put the doors back up	V 736		

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V 736	Continued From page 12 - Does not recall why the shower in bathroom #2 did not work - The shower stopped working about 6 weeks ago - Clients used the shower in the bathroom #1 located in the hallway During interviews on 5/17/23 and 5/22/23 the Director reported: - He was in the process of renovating the facility - He just had the floors replaced - The contractors were scheduled to finish replacing the doors and painting the facility - Could not recall when contractors were scheduled to finish the renovations	V 736		