STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-287	A. BUILDING: _____ B. WING _____	06/09/2023

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V 000	INITIAL COMMENTS A complaint survey was completed on 6-9-23. The complaint was substaniated (Intake #NC00201834). 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 1 current client. A sister facility is identified in this report. The sister facility will be identified as sister facility A. Staff and clients will be identified using the sister facility letter and a numerical identifier.	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	V 112		

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V 112	Continued From page 1 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. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to develop and implement treatment strategies to address the needs of the clients affecting 1 of 1 audited clients (client #1). The findings are: Review on 5-9-23 of Client #1's record revealed: -Date of admission: 11-22-21. -Diagnoses: Attention Deficit Hyperactivity Disorder (ADHD) combined, Major Depressive Disorder recurrent mild, Oppositional Defiant Disorder. -Review on 5-9-23 of treatment plan dated 5-8-23 revealed: Goals: 1) Follow the rules of level 3 placement. 2) Learn and develop positive coping skills. 3) Pursue educational development by attending school daily. -No documentation of strategies developed or implemented to address client #1's absent without leave status (AWOL). Review on of 5-10-23 of the provider incident reports for the period of January 2023-May 9, 2023 revealed:	V 112		

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V 112	Continued From page 2 -A report dated 3-9-23. Group home staff (staff not named in report) arrived at the high school to pick up client #1 at the end of the school day. Client #1 was "nowhere to be found." The group home staff was informed by the high school staff that client #1 had not attended classes that day. QP received a call (time not noted) from group home staff informing her that client #1 has "walked through the door appeared high and had a foul odor." Client #1 was taken to the local urgent care where she was given a drug screen and tested for STD's (sexually transmitted diseases). Client #1 tested positive for marijuana. -A report dated 5-6-23. "Client #1 woke up very agitated" and became verbally aggressive with staff. Informed staff "she was leaving and walked out the door." Staff followed client #1 until she ran into some woods and they lost sight of her. The provider crisis response team was informed as well as the QP and the group home staff contacted the local police department and reported client absent without leave (AWOL). Client was located (time not documented in report) "semi-unconscious" at a "known unsafe home" and was transported by the police to the local emergency room. -A report dated 5-10-23 revealed: Client #1 became agitated (cause unknown) stated she did not want to be there (at the home) and walked out the door. Staff contacted the QP and then the local police. Client #1's whereabouts were unknown. -Client #1's whereabouts were unknown at the time of the survey exit. Interview on 5-10-23 with client #1 revealed: -She ran away because "[QP] was always getting in my face and pressing me (challenging her) and talking about her personal business to everybody"	V 112		

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V 112	Continued From page 3 (how many boys she was dating). -She thinks she has skipped school "about 10 times." -Did not have a meeting to discuss her plan of care with her team. -No changes with her plan of care. Interview on 5-9-23 with the Qualified Professional (QP) revealed: -"[client #1] was doing ok until they (DSS social worker) changed her schools in January (2023). She was going to [local alternative school] and it was more strict, more controlled. They (DSS social worker and the Local Management Enity care coordinator) said she had earned the right to go to regular school so they pushed for her to go to [local high school]. As soon as she started going her behavior changed for the worst." She started leaving/running away from the group home... 3 times since January 2023." -Client #1 was documented AWOL on 3-9-23, 5-6-23 and 5-10-23 -"Her social worker (DSS social worker) knows, I talk to her social worker a couple times a week." -No team meetings to address clients' absent without leave behaviors (AWOL). -There were no strategies developed, or implemented addressing clients increase in AWOL behaviors.	V 112		
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.	V 118		

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V 118	Continued From page 4 (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 reviews and interview the facility failed to ensure that medications were administered on the written order of a physician affecting 1 of 1 audited clients (client #1). The findings are: Review on 5-9-23 of Client #1's record revealed: -Date of admission: 11-22-21. -Diagnoses: Attention Deficit Hyperactivity	V 118		

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V 118	Continued From page 5 Disorder (ADHD) combined, Major Depressive Disorder recurrent mild, Oppositional Defiant Disorder. -No signed physicians order for levetiracetam hcl 100mg, trazodone hcl 100, Hydroxyzine hcl 50mg, aripiprazole 5mg , Ashlyna 0.15-0.03 and 0.01mg, or sertraline hcl 50mg. -Review of MARs for March 2023-May 9, 2023 revealed: -Hydroxyzine hcl (hydrochloride) 50mg (milligram) take one tablet by mouth three times daily (allergies). -Aripiprazole 5mg take one tablet by mouth two times daily (depression). -Ashlyna 0.15-0.03 and 0.01mg take one tablet by mouth daily (birth control). -Sertraline hcl 50mg take one tablet by mouth daily (depression). -Levetiracetam hcl 100mg take one tablet by mouth everyday at bedtime (mood). -Trazodone hcl 100 take one by mouth at bedtime (sleep). Interview on 5-9-23 and 5-10-23 with the Qualified Professional (QP) revealed: -She believed that a copy of the clients discharge paperwork from behavioral health was sufficient for a doctor's order. -She would call the doctor or pharmacy and obtain the correct signed copy of the physicians order for each of the medications. -No additional information received by survey exit date.	V 118		
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	V 736		

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V 736	Continued From page 6 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 interview and observation the facility was not maintained in a clean, safe, attractive and orderly manner. The findings are: Observation on 5-9-23 between 1pm and 2pm revealed: Kitchen: -Approximately 2 to 3 foot area of vinyl flooring around the dining table that had 10-15 small torn areas. -The vinyl flooring in the area between the dining table and the kitchen had an approximately 5-6 inch tear in the vinyl. -Utensil drawer by the sink was missing the drawer front. Bathroom #1 (off master bedroom): -The toilet was loose around the base. -Faucet on the vanity sink was loose. -A missing light bulb over the sink vanity. -1 drawer front missing on the vanity cabinet. Bathroom #2: -Missing rod and 1 bracket for the towel bar. -Missing the roller for the toilet paper holder. -Rusted floor vent. -On/Off handle missing in the tub/shower. -A black substance in the crack where the wall met the ceiling, and ran the length of the tub and extended approximately 5 to 6 inches past the shower wall.	V 736		

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V 736	Continued From page 7 Interview on 5-9-23 with the Qualified Professional (QP) revealed: -"I cleaned that one time. I took a rag and wiped it down it wiped right off." -"The roof was just replaced this month...that might be where it's (black substance) is coming from." -"That (drawer front from kitchen drawer) just came off, it came off when I went to open the drawer."	V 736		