STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(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 A limited follow up survey for the Type B was completed on 6/7/23. This was a limited follow up survey, only 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110). The following were brought back into compliance: 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110); G. S. 131E-256 Health Care Personnel Registry (V132). Deficiencies were cited.	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 review, observation, and interview, the facility failed to develop and implement goals and strategies to address refusal of medications for 1 of 3 audited clients (#1). The findings are:

Finding #1:
Review on 6/7/23 of client #1's record revealed:
-13 year old male.
-Admitted on 3/18/22.
-Diagnoses included Persistent Depressive Disorder; Disruptive Mood Dysregulation Disorder; Post Traumatic Stress Disorder-Chronic.

Review on 6/7/23 of client #1's treatment plan dated 5/12/23 revealed:
-There were no goals to address his refusal of medication inappropriate behaviors, physical limitations, or functional limitations documented on her FL2.
-No goals or assessed needs regarding her future for making her own decisions with limited contact with her natural support systems.

Review on 6/7/23 of client #1's signed physician orders dated 5/4/23 revelaed:
Concerta 36 milligrams (mg) 1 daily
Loratadine 10mg 1 daily
Guanfacine HCL ER 2 mg 1 daily
Aripiprazole 5mg 5mg 2 times daily

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V 112	Continued From page 2 Review on 6/7/23 of client #1's May 2023 MARs revelaed the following documented as refused: Concerta 36 mg 5/11/23, 5/17/23, 5/21/23 and 5/27/23 Loratadine 10mg 5/17/23, 5/21/23 and 5/27/23 Guanfacine HCL ER 2 mg 5/17/23, 5/21/23 and 5/27/23 Aripiprazole 5mg 5/17/23, 5/21/23 and 5/27/23 Interview on 6/7/23 client #1 revealed: -He liked living at the facility. -Staff assisted him with taking his medications. -Sometimes he doesn't feel like taking his medications so he will refuse. -He will sometimes refuse his medications if he is mad. Interview on 6/7/23 the Associate Professional stated clients were administered their medications daily as ordered. Interview on 6/15/23 the Qualified Professional stated: -He understood the facility was required to develop and implement strategies to address client needs. This deficiency constitutes a recited deficiency and must be corrected within 30 days.	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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 118	Continued From page 3 (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, observations and interviews the facility failed to ensure medications administered were recorded on each client's MAR immediately after administration affecting 3 of 3 audited clients (#1, #2 and #3). The findings are: Finding #1 Reviews on 6/7/23 of client #1's record revealed: -13 year old male admitted on 3/18/22.	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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-Diagnoses included Persistent Depressive Disorder; Disruptive Mood Dysregulation Disorder; Post Traumatic Stress Disorder-Chronic.
-Physician's orders signed 5/4/23 for Aripiprazole 5mg (depression), Divalproex SOD ER 500mg (bipolar) and Fluoxetine HCL (antidepressant) 40mg. .

Review on 1/19/23 of client #1's MARs for May - June 2023 revealed:
-No documentation Aripiprazole 5mg was administered at 7:00pm on 5/11/23
-No documentation Divalproex SOD (sodium) ER (extended release) 500mg was administered at 12:00pm on 6/4/23.
-No documentation Aripiprazole 5mg was documented at 8:00am on 6/4/23.
-No documentation Fluoxetine HCL (hydrochloride) 40mg was administered at 8:00pm 6/4/23.
-No documented explanation for the blanks.

Interview on 6/7/23 client #1 revealed:
-He liked living at the facility.
-Staff assisted him with taking his medications.
-Sometimes he doesn't feel like taking his medications so he will refuse.
-He will sometimes refuse his medications if he is mad.

Finding#2
Review on 6/7/23 of client #2's record revealed:
-15 year old male admitted 2/13/23.
-Diagnoses included Disruptive Mood Dysregulation Disorder and Attention Deficit Hyperactivity Disorder (ADHD)-combined.
-Physician's order signed 5/17/23 for PreviDent Plus 5000 Cream Toothpaste (cavities).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 118	Continued From page 5 Review on 6/7/23 of client #2's June 2023 MAR revealed: -No documentation PreviDent 5000 Plus toothpaste had been administered at 8:pm 6/1/23 - 6/6/23. Attempted interview on 6/7/23 with client #2 was unsuccessful due to him being at school. Finding #3 Review on 6/7/23 of client #3's record revealed: -13 year old male admitted 11/10/21 -Diagnoses included Disruptive Mood Dysregulation; Attention Deficit Dysregulation Disorder; Conduct Disorder- Childhood onset type; Child Neglect. Physician's order signed 5/9/23 for Concerta (ADHD) ER 54mg 1 tab daily. Review on 6/7/23 of client #3's May 2023 MAR revealed: -No documented Concerta ER 54mg had been administered at 8:00am on 5/2/23. Attempted interview on 6/7/23 was unsuccessful due to client #3 being at school. Interview on 6/7/23 the Associate Professional stated clients were administered their medications daily as ordered. Interview on 1/19/23 the Qualified Professional stated: -He understood medications were required to be administered as ordered by the physician. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118		

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V 118	Continued From page 6 This deficiency constitutes a recited deficiency and must be corrected within 30 days.	V 118		
V 123	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted. . This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure medication errors and refusals were reported immediately to a physician or pharmacist for 1 of 3 audited clients (#1). The findings are: Review on 3/24/23 of Client #1's record revealed: - Finding #1: Review on 6/7/23 of client #1's record revealed: -13 year old male. -Admitted on 3/18/22. -Diagnoses included Persistent Depressive Disorder; Disruptive Mood Dysregulation Disorder; Post Traumatic Stress Disorder-Chronic.	V 123		

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V 123	Continued From page 7 -No documentation the physician or pharmacists had been notified of client #1's medication refusals. Review on 6/7/23 of client #1's signed physician orders dated 5/4/23 revelaed: -Concerta 36 milligrams (mg) 1 daily -Loratadine 10mg 1 daily -Guanfacine HCL ER 2 mg 1 daily -Aripiprazole 5mg 5mg 2 times daily Review on 6/7/23 of client #1's May 2023 MARs revelaed the following documented as refused: -Concerta 36 mg 5/11/23, 5/17/23, 5/21/23 and 5/27/23 -Loratadine 10mg 5/17/23, 5/21/23 and 5/27/23 -Guanfacine HCL ER 2 mg 5/17/23, 5/21/23 and 5/27/23 -Aripiprazole 5mg 5/17/23, 5/21/23 and 5/27/23 Interview on 6/7/23 client #1 revealed: -Staff assisted him with taking his medications. -Sometimes he doesn't feel like taking his medications so he will refuse. -He will sometimes refuse his medications if he is mad. Interview on 6/7/23 the Associate Professional stated clients were administered their medications daily as ordered. Interview on 6/15/23 the Qualified Professional stated: -The physician or pharmacist had not been contacted about client #1's refusal of his medications. -He understood the facility was required to report medication errors and refusals to a physician or pharmacist.	V 123		

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V 318	Continued From page 8	V 318		
V 318	13O .0102 HCPR - 24 Hour Reporting 10A NCAC 13O .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g). This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report all allegations against health care personnel within 24 hours of the health care facility becoming aware of the allegation. The findings are: Review on 6/7/23 of Former Staff (FS) #2's record revealed: -Hired 9/10/22. -Position: Rehabilitation Technician. Review on 6/7/23 of client #1's record revealed: -13 year old male admitted on 3/18/22. -Diagnoses included Persistent Depressive Disorder; Disruptive Mood Dysregulation Disorder; Post Traumatic Stress	V 318		

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V 318	Continued From page 9 Disorder-Chronic. Review on 6/7/23 of the North Carolina Incident Response and Improvement System (IRIS) revealed: -Incident occurred on 5/6/23 at 12:30 pm. -The provider was aware of the incident on 5/7/23. -The IRIS report was originally submitted 5/12/23 and last submitted on 5/12/23. -An allegation that FS #2 grabbed client #1 by the neck and arms leaving marks. Review on 6/7/23 of facility documentation revealed: -A completed Health Care Personnel Registry (HCPR) 24-Hour Initial Report with the Qualified Professional's (QP) signature and dated for 5/9/23. Interview on 6/7/23 the QP stated: -The 24 hour initial report had been electronically signed and dated. -He understood that all allegations against health care personnel had to be reported within 24 hours of the facility becoming aware of the allegation. This deficiency constitutes a recited deficiency and must be corrected within 30 days.	V 318		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III	V 367		

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incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:
(1) reporting provider contact and identification information;
(2) client identification information;
(3) type of incident;
(4) description of incident;
(5) status of the effort to determine the cause of the incident; and
(6) other individuals or authorities notified or responding.
(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:
(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or
(2) the provider obtains information required on the incident form that was previously unavailable.
(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(d) Category A and B providers shall send a copy

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V 367	Continued From page 11 of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.	V 367		

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V 367	Continued From page 12 This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure critical incident reports were submitted to the Local Management Entity (LME) within 72 hours as required. The findings are: Review on 6/7/23 of Former Staff (FS) #2's record revealed: -Hired 9/10/22. -Position: Rehabilitation Technician. Review on 6/7/23 of client #1's record revealed: -13 year old male admitted on 3/18/22. -Diagnoses included Persistent Depressive Disorder; Disruptive Mood Dysregulation Disorder; Post Traumatic Stress Disorder-Chronic. Review on 6/7/23 of the North Carolina Incident Response and Improvement System (IRIS) revealed: -Incident occurred on 5/6/23 at 12:30 pm. -The provider was aware of the incident on 5/7/23. -The IRIS report was originally submitted 5/12/23 and last submitted on 5/12/23. -An allegation that FS #2 grabbed client #1 by the neck and arms leaving marks. Interview on 6/7/23 the QP stated: -The 24 hour initial report had been electronically signed and dated. -He understood that all allegations against health care personnel had to be reported within 24 hours of the facility becoming aware of the allegation.	V 367		

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V 736	Continued From page 13	V 736		
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 interview, the facility failed to maintain the facility in a safe, clean, attractive and orderly manner . The findings are: Observations during the facility tour on 6/7/23 between 9:50am and 10:30am am revealed: -In the kitchen, the 3 bulb light fixture above the washer and dryer had 2 bulbs not working. -The window sill in the living room had heavy dust. -The hall bath had a cabinet with 2 with the knob missing from each door; a hole about an inch in size in the wall behind the door had a small screw sticking out. -Client #1 had a bent curtain rod at the window on the right side of his bedroom, several blind slats broken at both windows; his six drawer dresser had both bottom drawers missing and the bottom base of the dresses was also cracked in pieces; his two drawer nightstand was missing a handle on the bottom drawer; Both window sills had heavy dust and dead bugs; a 4 light ceiling fan had only 1 bulb in it. -Client #3's window sail had heavy dust. -Client #4's window sail had heavy dust and dead	V 736		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PALACE OF RESTORATION	4507 JOHNSON CIRCLE AYDEN, NC 28513

(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 736	Continued From page 14 bugs; window blind to the left of the bedroom was not wide enough for the window and had 6 blind slats missing; the linoleum at the left corner of the headboard was torn approximately 1 foot; closet had no door or curtain and nightstand drawer had 1 broken handle. -Client #2's bedroom door frame was broken at the top left; wardrobe had two doors with broken handles and the hanging bar was missing from the wardrobe; linoleum pieces on floor at the door and behind the bed were not securely installed. -The hall vent had heavy dust. Interview on 6/14/23 client #1 stated he recently broke his dresser drawer because he was mad. Interview on 6/14/23 the Group Home Manager stated: -He would have the linoleum checked and he understood the facility was to be maintained in a safe, clean attractive and orderly manner. This deficiency constitutes a recited deficiency and must be corrected within 30 days.	V 736		