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	MHL0601528	A. BUILDING: _____ B. WING _____	06/15/2023

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THE VILLAGE HOUSE	2722 CATALINA AVENUE CHARLOTTE, NC 28206

(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 annual and complaint survey was completed on June 15, 2023. The complaint was unsubstantiated (Intake #NC196538). 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 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The	V 114		

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V 114	Continued From page 1 finding are: Review on 6/5/23 of the facility's fire and disaster records from 9/6/22 to 6/5/23 revealed: - Third Quarter 9/6/22-9/30/22: - Fire and Disaster drills were not documented for 1st, 2nd and 3rd shift for third quarter. - Fourth Quarter 10/1/22-12/31/22: - Fire drills were not documented for 1st shift; - Disaster drills were not documented for 1st, 2nd and 3rd shift. - First Quarter 1/1/23-3/31/23: - Fire drills were not documented for 2nd shift; - Disaster drills were not documented for 1st, 2nd and 3rd shift. Interview on 6/5/23 with client #1 revealed: - "Every once in a while" completed fire drills; - Knew to go outside and stand by the light poll if there was a fire; - "We haven't really did disaster drills." Interview on 6/5/23 with client #3 revealed: - Have not participated in a fire or disaster drills since admitted in the home on 5/5/23. Interview on 6/7/23 with Staff #1 revealed: - "I have not completed any fire drills"; - "[Qualified Professional] told me that I should be doing fire drills, but I just haven't done one." - "No one has enforced it (fire and disaster drills), but I will make sure I do one." Interview on 6/7/23 with the Associate Professional revealed: - "We (staff) complete fire and disaster drills, I haven't completed any."	V 114		

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V 114	Continued From page 2 Interview on 6/5/23 and 6/15/23 with the Qualified Professional revealed: - First client admitted into the home during third quarter on 9/6/23; - "Plan in place to ensure they (fire and disaster drills) are done; - "We have a calendar now, that tell staff that they need to complete a fire and disaster drill." Interview on 6/5/23 with the Executive Director revealed: - The Qualified Professional and the Owner monitored the fire and disaster drills. -There were three shifts; 1st shift- 7am-3pm, 2nd shift- 3pm-11pm and 3rd shift-11pm-8am.	V 114		
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;	V 117		

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V 117	Continued From page 3 (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 center), and the name of the dispensing practitioner. This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to maintain pharmacy packing labels as required for each prescription drug dispensed for 1 of 3 audited clients (#2). The findings are: Review on 6/7/22 of client #2's record revealed: - Admitted 9/6/22; - Diagnoses Post Traumatic Stress Disorder (PTSD), Chronic; Attention Deficit Hyperactivity Disorder(ADHD); Oppositional Defiant Disorder(ODD); Conduct Disorder; Major Depressive Disorder (MDD), Recurrent Severe Without Psychotic Features, History of Neglect and Emotional Abuse; - Physician's order dated 10/7/22 for Guanfacine ER (ADHD) 4 milligram(mg), take 1 tablet by mouth every morning; Melatonin (sleep) 3mg, take 1 tablet by mouth daily at bedtime; - Physician's order dated 11/18/22 for Chlorpromazine (behavior outburst) 50mg, Take 1 tablet by mouth twice a day; Qelbree (ADHD) 100mg, take 2 capsules by mouth every morning. Observation on 6/5/23 at approximately 4:50pm of client #2's medications revealed:	V 117		

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V 117	Continued From page 4 - A medication booklet (two sided) bubble pack for 7 days with no label for the medication in the bubble; - Client #2's name was on the outside spine of the medication booklet; - Inside the medication booklet on the right side vertically were four rows labeled morning, noon, evening, and bedtime and horizontally were the days of the week from Sunday-Saturday, there were multiple unidentified pills inside 7 of 14 compartments; - There was no dispensing label with client's name, the prescriber's name, the current dispensing date, clear directions for administration, the name, strength, quantity and expiration date of the prescribed drug and the name, address, and phone number of the pharmacy or dispensing location and the name of the dispensing practitioner. Interview on 6/5/23 with client #1 revealed: - Received medications daily; - Did not know the names of the medications he was taking. Interview on 6/7/23 with staff #1 revealed: -Trained by the Owner to administer medications to the clients; -Only seen the Owner look over the medications and check the Medication Administration Record (MAR). Interview on 6/7/23 with the Associate Professional revealed: -The Qualified Professional and the Executive Director were in charge of ordering the medications for the clients. Interview on 6/6/23 and 6/15/23 with the Qualified Professional revealed:	V 117		

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V 117	Continued From page 5 - "Helped(reviewing medications and MAR) [Owner] with the medications for the clients." - Did not realize there was no label on client #2's medication bubble pack. Interview on 6/6/23 and 6/15/23 with the Executive Director revealed: -The Owner and the Qualified Professional were in charge of the medications; - Didn't realize there was no label for client #2's medication bubble pack; - Contacted the pharmacy to have label made for client #2's medication bubble pack on 6/5/23. - "The pharmacy made a new label for the client's medication to help staff identify and administer the medications, and staff have already said it helped."	V 117		
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 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	V 118		

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V 118	Continued From page 6 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 ensure medications were administered on the written order of a person authorized by law to prescribe medication and failed to ensure a MAR of all drugs administered to each client was kept current affecting 2 of 3 audited clients (#2, #3). The findings are: Review on 6/7/22 of client #2's record revealed: - Admitted 9/6/22; - Diagnoses Post Traumatic Stress Disorder (PTSD), Chronic; Attention Deficit Hyperactivity Disorder(ADHD); Oppositional Defiant Disorder(ODD); Conduct Disorder; Major Depressive Disorder (MDD), Recurrent Severe Without Psychotic Features, History of Neglect and Emotional Abuse; - Physician's order dated 9/13/22- Sodium Chloride 0.65 % nasal solution (nasal spray) 45 milliliter(ml), 1 spray in both nostrils route as	V 118		

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V 118	Continued From page 7	V 118		

needed (PRN) for Congestion.

Review on 6/7/22 of client #3's record revealed:
- Admitted 5/3/23;
- Diagnoses Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactivity Disorder, Combined Type, Conduct Disorder, Adolescent Onset Type, Cannabis Use Disorder;
- No physician's order- Cetirizine(allergies) 10 milligram(mg), Take 1 tablet by mouth once a day in the morning, dispensed 5/19/23.

Observation on 6/5/23 at approximately 4:50pm of client #2's medications revealed:
- Sodium Chloride 0.65 % nasal solution 45ml, 1 spray in both nostrils route PRN for Congestion.

Observation on 6/5/23 at approximately 5:13pm of client #3's medications revealed:
-Cetirizine 10mg, take 1 tablet by mouth once a day in the morning.

Review on 6/5/23 of client #2's MAR for March 1, 2023-June 5, 2023 revealed:
- Sodium Chloride 0.65 % nasal solution 45ml, 1 spray in both nostrils route PRN for Congestion was not listed on MAR for March, May and June.

Review on 6/5/23 of client #3's MAR for May 3, 2023- June 5, 2023 revealed:
- Cetirizine 10mg, take 1 tablet by mouth once a day in the morning administered daily to client.

Interview on 6/5/23 with client #1 revealed:
- Received medications daily;
- Did not know the names of the medications he was taking.

Interview on 6/5/23 with client #3 revealed:
-Received medications daily;

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V 118	Continued From page 8 - "I take Vyvanse 40mg, an allergy medicine, Guanfacine and at night trazadone for sleep." Interview on 6/6/23 and 6/15/23 with the Qualified Professional revealed: - "Helped [Owner] with the medications for the clients." - Reviewed the MAR monthly. Interview on 6/6/23 and 6/15/23 with the Executive Director revealed: - "[Owner] is in charge of the MAR"; - "[Owner] and [Qualified Professional] checks the MARs to make sure everything is signed off."	V 118		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to access the Health Care Personnel Registry (HCPR) prior to offer of employment affecting 3 of 3 audited staff (Staff #1, Associate Professional (AP), Qualified Professional (QP)). The findings are:	V 131		

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V 131	Continued From page 9 Review on 6/6/23 of staff #1's personnel record revealed: -Hire date 2/12/23; -Job Title Direct Care Support; -HCPR check was dated 2/20/23. Review on 6/6/23 of the AP's personnel record revealed: -Hire date 9/11/22; -Job Title AP; -HCPR check was dated 9/18/22. Review on 6/6/23 of the QP's personnel record revealed: -Hire date 12/13/21; -Job Title QP; -HCPR check was dated 3/9/22. Interview on 6/15/23 with the Executive Director revealed: - "Just need to run the checks after I interview them if I think they will be a candidate." - Would ensure HCPR checks were completed before hiring new staff.	V 131		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective	V 366		

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V 366	Continued From page 10	V 366		

measures according to provider specified timeframes not to exceed 45 days;
(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;
(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;
(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and
(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.
(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.
(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:
(1) immediately securing the client record by:
(A) obtaining the client record;
(B) making a photocopy;
(C) certifying the copy's completeness; and
(D) transferring the copy to an internal review team;
(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or

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V 366	Continued From page 11 with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;	V 366		

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V 366	Continued From page 12 (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement, written policies governing their responses to level II incidents affecting 1 of 3 audited clients (#2). The findings are: Review on 6/5/23 of Incident Response Improvement System (IRIS) from 12/30/22-6/5/23 revealed: - No IRIS report, Risk Cause/Analysis, or documentation to support submission of the written preliminary findings of fact to the Local Management Entity (LME)/ Managed Care Organization (MCO) within 5 working days for client #2 tried to stab the staff with the cabinet he broke off. Staff then restrained client. Client kicked and punched staff. Client then started to spit on staff. Staff at this point called mobile crisis on 5/9/23. - No IRIS report, Risk Cause/Analysis, or documentation to support submission of the written preliminary findings of fact to the Local Management Entity (LME)/ Managed Care Organization (MCO) within 5 working days for client #2 tried to self-harm with a pencil, his nails, a night light and anything within arm's reach. He punched and attempted to bite staff. He has self-inflected scratch marks and bruises from	V 366		

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V 366	Continued From page 13 punching himself on 1/10/23. - No IRIS report, Risk Cause/Analysis, or documentation to support submission of the written preliminary findings of fact to the Local Management Entity (LME)/ Managed Care Organization (MCO) within 5 working days for client #2 hurt himself by using a pencil to stab himself and a shoelace to wrap around his arm on 12/10/22. Interview on 6/6/23 with the Qualified Professional revealed: - Responsible for completing IRIS reports. Interview on 6/6/23 with the Executive Director revealed: - On 6/5/23, created a new form for incident reports to make sure all incidents were reported correctly and addressed the Risk Cause/Analysis.	V 366		
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 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	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601528	A. BUILDING: _____ B. WING _____	06/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGE HOUSE	2722 CATALINA AVENUE CHARLOTTE, NC 28206

(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 367	Continued From page 14	V 367		

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 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

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V 367	Continued From page 15 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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all critical incidents in the Incident Response improvement System (IRIS) and notify the Local Management Entity (LME)/Managed Care Organization (MCO) responsible for the catchment areas where services were provided within 72 hours of becoming aware of the incident affecting 1 of 3	V 367		

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V 367	Continued From page 16 audited clients (#2). The findings are: Review on 6/7/22 of client #2's record revealed: - Admitted 9/6/22; - Diagnoses Post Traumatic Stress Disorder (PTSD), Chronic; Attention Deficit Hyperactivity Disorder(ADHD); Oppositional Defiant Disorder(ODD); Conduct Disorder; Major Depressive Disorder (MDD), Recurrent Severe Without Psychotic Features, History of Neglect and Emotional Abuse. Review on 6/5/23 of Incident Response Improvement System (IRIS) from 12/30/22-6/5/23 revealed: - No IRIS report for client #2 tried to stab the staff with the cabinet he broke off. Staff then restrained client. Client kicked and punched staff. Client then started to spit on staff. Staff at this point called mobile crisis on 5/9/23; - No IRIS report for client #2 tried to self-harm with a pencil, his nails, a night light and anything within arm's reach. He punched and attempted to bite staff. He has self-inflected scratch marks and bruises from punching himself on 1/10/23; - No IRIS report for client #2 hurt himself by using a pencil to stab himself and a shoelace to wrap around his arm on 12/10/22. Review on 6/5/23 of the facility's record revealed: -No documentation of the LME/MCO notification of client #2 tried to stab the staff with the cabinet he broke off. Staff then restrained client. Client kicked and punched staff. Client then started to spit on staff. Staff at this point called mobile crisis on 5/9/23; - No documentation of the LME/MCO notification of client #2 tried to self-harm with a pencil, his nails, a night light and anything within arm's reach. He punched and attempted to bite staff.	V 367		

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V 367	Continued From page 17 He has self-inflected scratch marks and bruises from punching himself on 1/10/23; -No documentation of the LME/MCO notification of client #2 hurt himself by using a pencil to stab himself and a shoelace to wrap around his arm on 12/10/22. Interview on 6/6/23 with the Qualified Professional revealed: - Responsible for completing IRIS reports. Interview on 6/6/23 with the Executive Director revealed: - Created a new form for incident reports to make sure all incidents were reported correctly and addressed the Risk /Cause/Analysis.	V 367		
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 safe, clean, attractive, and orderly manner. The findings are: -Bathroom -Sink cabinet missing right door; -Missing exhaust fan cover.	V 736		

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V 736	Continued From page 18 Interview on 6/15/23 with the Executive Director revealed: -"We will have the things fixed."	V 736		