

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-336	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/08/2023
NAME OF PROVIDER OR SUPPLIER GUIDING LIGHT		STREET ADDRESS, CITY, STATE, ZIP CODE 4460 HUNTINGTON DRIVE GASTONIA, NC 28056		
(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	<p>INITIAL COMMENTS</p> <p>An annual, complaint, and follow up survey was completed on 09/08/2023. The complaint was unsubstantiated (intake #NC00204748). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p>	V 118		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 118	<p>Continued From page 1</p> <p>(E) name or initials of person administering the drug.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to ensure medications were administered on the written order of a physician affecting 2 of 3 Clients (Clients #1 and #2) and the MAR kept current affecting 1 of 3 Clients (Client #2). The findings are:</p> <p>Finding #1:</p> <p>Review on 09/07/2023 of Client #1's record revealed:</p> <ul style="list-style-type: none"> -18 years and 8 months old. -Admitted 11/07/2022. -Diagnosed with Intermittent Explosive Disorder, Autism Spectrum Disorder, and Profound Intellectual or Development Disability. -No medication orders for: -Trazodone (Sleep Aid) 50 mg- Take 2 tablets (tabs) by mouth every evening. -Fanapt (Mood Stabilizer) 6 mg- Take 1 tab by mouth twice a day at 8 am and noon. -Desmopressin (Bedwetting) .1 mg- Take 3 tabs by mouth at bedtime. -Clonidine (Mood Stabilizer) .3 mg- Take 1 tab by mouth at bedtime. 	V 118		

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V 118	<p>Continued From page 2</p> <p>-Aripiprazole (Mood Stabilizer) 10 mg- Take 1 tab by mouth every evening.</p> <p>-Melatonin (Sleep Aid) 10 mg- Take 1 cap by mouth every evening.</p> <p>-Multivitamin (General Health) Over the Counter (OTC)- Take 1 tab by mouth in the am,</p> <p>-Atomoxetine (Mood Stabilizer) 25 mg- Take 1 tab by mouth every morning.</p> <p>Reviews on 09/07/2023 and 09/08/2023 of Client #1's MARs from 06/01/2023 - 09/06/2023 revealed:</p> <p>-Administration of the above medications for Client #1.</p> <p>Observation on 09/07/2023 at approximately 1:50 pm of Client #1's medication container revealed:</p> <p>-Trazodone 50 mg- Take 2 tabs by mouth every evening dispensed 08/12/2023.</p> <p>-Fanapt 6 mg- Take 1 tab by mouth twice a day at 8 am and noon dispensed 07/13/2023.</p> <p>-Desmopressin .1 mg- Take 3 tabs by mouth at bedtime dispensed 08/12/2023.</p> <p>-Clonidine .3 mg- Take 1 tab by mouth at bedtime dispensed 08/12/2023.</p> <p>-Aripiprazole 10 mg- Take 1 tab by mouth every evening dispensed 08/12/2023.</p> <p>-Atomoxetine 25 mg- Take 1 tab by mouth every morning dispensed 08/12/2023.</p> <p>-Melatonin 10 mg dispensed OTC.</p> <p>-Multivitamin dispensed OTC.</p> <p>Finding #2:</p> <p>Review on 09/07/2023 of Client #2's record revealed:</p> <p>-11 years old.</p> <p>-Admitted 7/11/2022.</p> <p>-Diagnosed with Attention Deficit Hyperactivity Disorder.</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>-Medication order dated 12/01/2022 revealed: Melatonin Gummies (Sleep Aid) 3 mg- Take 1 by mouth every night. -No medication order for Melatonin Gummies 1.5 mg- Take 2 by mouth every night.</p> <p>Reviews on 09/07/2023 and 09/08/2023 of Client #2's MARs from 06/01/2023 - 09/06/2023 revealed: -Transcription for Melatonin Gummies 3 mg- Take 1 by mouth every night. -No transcription for Melatonin Gummies 1.5 mg- Take 2 by mouth every night.</p> <p>Observation on 09/07/2023 at approximately 2:55 pm of Client #2's medication container revealed: -Melatonin Gummies 1.5 mg dispensed OTC. -No Melatonin Gummies 3 mg dispensed OTC.</p> <p>Interview on 09/08/2023 with the Qualified Professional/Owner revealed: -"The 1.5 mg Melatonin (Gummies) is over the counter. The 3 mg gummies were not available at the store, so I purchased the 1.5 mg (Melatonin Gummies). I will ensure correction moving forward." -"The prescription transfer report will be replaced with the electronic prescription from [local pharmacy]." -Medication issues would be corrected moving forward.</p> <p>Interview on 09/08/2023 with the Executive Director revealed: -"We had to get 1.5 mg (Melatonin) gummies when we went to pick up medications, because there was not 3 mg (Melatonin Gummies) available." -"Medications will be administered per the written order moving forward."</p>	V 118		

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V 118	Continued From page 4 Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 182	27G .1303 (B-G) Residential Tx - Operations 10A NCAC 27G .1303 OPERATIONS (b) Family Involvement. Family members or other responsible adults shall be involved in development of plans in order to assure a smooth transition to a less restrictive setting. (c) Education. Children and adolescents residing in a residential treatment facility shall receive appropriate educational services, either through a facility-based school, 'home-based' services, or through a day treatment program. Transition to a public school setting shall be part of the treatment plan. (d) Age Limitation. If an adolescent has his 18th birthday while receiving treatment in a residential facility, he may continue in the facility for six months or until the end of the state fiscal year, whichever is longer. (e) Clothing. Each child or adolescent shall have his own clothing and shall have training and help in its selection and care. (f) Personal Belongings. Each child or adolescent shall be entitled to age-appropriate personal belongings unless such entitlement is counter-indicated in the treatment plan. (g) Hours of Operation. Each facility shall operate 24 hours per day, at least five days per week, at least 50 weeks per year, excluding legal holidays.	V 182		

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V 182	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on interview and record review the facility failed to ensure the age limitation of an adolescent in treatment upon reaching 18 years or until the end of the fiscal year affecting 1 of 3 audited clients (Client #1). The findings are:</p> <p>Review on 09/07/2023 of Client #1's record revealed: -18 years and 8 months old. -Admitted 11/07/2022. -Diagnosed with Intermittent Explosive Disorder, Autism Spectrum Disorder, and Profound Intellectual or Development Disability.</p> <p>Review on 09/07/2023 of the Division of Health Service Regulation (DHSR) facility folder revealed: -Facility was licensed as a 27G .1300 Level II Residential Treatment for Children or Adolescents. -There were no waivers allowing the facility to serve Client #1 beyond 6 months or the end of the state fiscal year following her 18th birthday.</p> <p>Interview on 09/08/2023 with Client #1 revealed: -"I think I am 18."</p> <p>Interview on 09/08/2023 with the Qualified Professional/Owner revealed: -Did not request a waiver for Client #1 to remain at the facility. -"A part of the (waiver) process is that we needed something for the LME/MCO (Local Management</p>	V 182		

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V 182	Continued From page 6 Entity/Manage Care Organization) and once we receive the information, we will submit the waiver." Interview on 09/08/2023 with the Executive Director revealed: -Did not request a waiver for Client #1 to remain at the facility. -"I know the rules, but I submitted the waiver to the wrong place. I submitted the waiver to DSS (Department of Social Services) and not to DHSR." -Would immediately request a waiver for Client #1 to remain at the facility.	V 182		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives,	V 536		

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V 536	Continued From page 7 measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for	V 536		

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V 536	Continued From page 8 at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive	V 536		

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STATE FORM

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V 536	Continued From page 10 annually affecting 1 of 3 audited staff (Qualified Professional (QP)/Owner (O)). The findings are: Review on 09/08/2023 of the QP/O's personnel record revealed: -Hire date 08/01/2018. -Initial Nonviolent Crisis Prevention & Intervention (CPI) Training in alternatives to restrictive interventions expired 10/04/2022. -No refresher CPI Training in alternatives to restrictive interventions. Interview on 09/08/2023 with the QP/O revealed: -"I will get the refresher (CPI) training and ensure it is completed annually." Interview on 09/08/2023 with the Executive Director revealed: -Was responsible for ensuring staff trainings were up to date. -"I was under the assumption that CPI could be completed every 2 years. It (Refresher CPI Trainings) will be corrected moving forward." This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 536			
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these	V 537			

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V 537	Continued From page 11 procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Acceptable training programs shall include, but are not limited to, presentation of: (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);	V 537		

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V 537	Continued From page 12 (4) strategies for the safe implementation of restrictive interventions; (5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualification and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out. (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and	V 537		

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V 537	Continued From page 13 measurable methods to determine passing or failing the course. (5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule. (6) Acceptable instructor training programs shall include, but not be limited to, presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) evaluation of trainee performance; and (D) documentation procedures. (7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule. (8) Trainers shall be currently trained in CPR. (9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach. (10) Trainers shall teach a program on the use of restrictive interventions at least once annually. (11) Trainers shall complete a refresher instructor training at least every two years. (k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcome (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may	V 537		

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V 537	<p>Continued From page 14</p> <p>review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 audited (Qualified Professional (QP)/Owner (O)) completed refresher training in seclusion, physical restraint, and isolation time out. The findings are:</p> <p>Review on 09/08/2023 of the QP/O's personnel record revealed: -Hire date 08/01/2018. -Initial Nonviolent Crisis Prevention & Intervention (CPI) Training in seclusion, physical restraint, and isolation time out expired 10/4/2022. -No refresher CPI Training in seclusion, physical restraint, and isolation time out.</p> <p>Interview on 09/08/2023 with the QP/O revealed: -"I will get the (CPI) refresher training and ensure it is completed annually."</p> <p>Interview on 09/08/2023 with the Executive Director revealed: -Was responsible for ensuring staff trainings were</p>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-336	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 09/08/2023
NAME OF PROVIDER OR SUPPLIER GUIDING LIGHT			STREET ADDRESS, CITY, STATE, ZIP CODE 4460 HUNTINGTON DRIVE GASTONIA, NC 28056		
(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 537	Continued From page 15 up to date. -"I was under the assumption that CPI could be completed every 2 years. It (Refresher CPI Trainings) will be corrected moving forward." This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 537			