Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
JAMES I ELIK OF CONTROL INC.			A. BUILDING:			
MHL036-345		B. WING		R 10/25/2023		
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	STATE, ZIP CODE		
COSBY COUNSELING & CONSULTING, PLLC 1701 MAXTON AVENUE GASTONIA, NC 28052						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMEN	TS	V 000			
	An annual, complaint and follow up survey was completed on October 25, 2023. The complaint was substantiated (intake #NC00207267). 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 3 and currently has a census of 3. The survey sample consisted of audits 3 current clients.					
V 118	27G .0209 (C) Med	lication Requirements	V 118			
	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 MAR is to include the following: (A) client's name;					
	(B) name, strength, and quantity of the drug; (C) instructions for administering the drug;					

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

TITLE

(X6) DATE

10/25/23

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL036-345	B. WING			R 25/2023
	PROVIDER OR SUPPLIER	SULTING, PLLC	DDRESS, CITY, S XTON AVENU IA, NC 28052			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 118	(D) date and time the (E) name or initials drug. (5) Client requests checks shall be recommended.	ge 1 ne drug is administered; and of person administering the for medication changes or orded and kept with the MAR appointment or consultation	V 118			
	This Rule is not met as evidenced by: Based on record review and interview the facility failed to keep MARs current and ensure administration of medication was documented immediately following administration affecting 2 of 3 clients (#2 & #3). The findings are: Review on 10/10/23 of Client #2's record revealed: -Admission date 9/7/23Age 12Diagnoses: Anxiety and Attention Deficit Hyperactivity Disorder (ADHD)Physician's order dated 9/5/23: Vyvanse 20 milligrams (mg) by mouth once daily in the morning for ADHD and Lexapro 5 mg by mouth once daily at bedtime for depression. Review on 10/10/23 of client #2's October 2023 MAR revealed no documentation of administration of the following: -Vyvanse on 10/6/23Lexapro on 10/12/23 with Client #2 revealed:					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BUILDING.		R		
MHL036-345		B. WING		10/25/2023		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
COSBY	COUNSELING & CON	SHITING PLIC	TON AVENU A, NC 28052			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETE DATE
V 118	Review on 10/10/2: revealed: -Admission date 1/-Age 14Diagnoses: Attenti Disorder, Autism S Disorder and Major-Physician's order once daily by mouti Release (ER) 27 m morning for ADHD; once daily in the mouting for ADHD; once daily in the mouting for ADHD; once daily at bedtime for Review on 10/10/2: MAR revealed no conce daily at bedtime for Review on 10/10/2: Administration of the following: -Vitamin D3 10/3/2: -Methylphenidate 1-Guanfacine (PM downstration of the following: -Vitamin D3 10/3/2: -Staff administered -Had not missed a Interview on 10/10/-Reviewed MARs in Had not looked at for October 2023Was not aware Cli	ication daily. dose of his medications. 3 of Client #3's record 11/23. on Deficit Hyperactivity pectrum Disorder, Conduct Depressive Disorder. dated 1/10/23: Vitamin D3 h; Methylphenidate Extended ng by mouth once daily in the Guanfacine 1 mg by mouth orning for ADHD; Escitalopram nce daily in the morning for acine 1 mg by mouth once ADHD. 3 of Client #3's October 2023 documentation of 3 through 10/5/23. 0/3/23 through 10/5/23. 23 through 10/5/23. ose) on 10/9/23. 23 with Client #3 revealed: his medications on time daily. dose of his medications. 23 with the Licensee revealed:	V 118	DE NOILNOI)		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	SULTING, PLLC 1701 MAX	ODRESS, CITY, S KTON AVENU IA, NC 28052			
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V 118	-She would identify documenting medic MARs for Client #2	the staff responsible for not cation administration on the and Client #3. stitutes a re-cited deficiency	V 118			
V 296	This deficiency constitutes a re-cited deficiency and must be corrected in 30 days. 27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present of which two shall be awake and the third may be		V 296			

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		MHL036-345	B. WING		l l	R 25/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE	-	
COSBY	COUNSELING & CON	SHITING PLIC	XTON AVENU IA, NC 28052			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 296	adolescents. (d) In addition to th care staff set forth in Rule, more direct can the facility based or individual needs as plan. (e) Each facility shall supervision of child are away from the finding the facility or adolescent.	e minimum number of direct n Paragraphs (a)-(c) of this are staff shall be required in the child or adolescent's specified in the treatment all be responsible for ensuring ren or adolescents when they acility in accordance with the s individual strengths and in the treatment plan.	V 296			
	failed to ensure mir findings are: Observation on 10/pm revealed: -Staff #4 and 2 Clie in the facilityStaff #4 was alone for approximately a Interview on 10/12/2-There was always Interview on 10/12/2	on and interviews the facility nimum staffing ratio. The 12/23 at approximately 2:00 nts (#1 and #3) were present with Client #1 and Client #2				
	Interview on 10/12/2	23 with Client #3 revealed:				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED			
				R				
		MHL036-345	B. WING		10/2	5/2023		
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
COSBY	COUNSELING & CON	ISHI LING PLIC	(TON AVENU A, NC 2805					
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V 296	Continued From pa	age 5	V 296					
	-One staff present	on each shift.						
	Interview on 10/10/ -Worked 2nd shift"It's usually just may one staff worked of chicensee was respectedule and staffi interview on 10/24/ -Worked 2nd and 3-"I work alone most one was respected and staffiLicensee was respected interview on 10/10/ -Made the schedule one incidentsOnly one staff schedule only once or twice	223 with Staff #1 revealed: e." on the weekends. consible for making the ng. 223 with Staff #2 revealed: Brd shift. tly." supposed to be 2 staff on each consible for scheduling staff. 223 with the Licensee revealed: e for staff. eduled per shift due to staff						
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