STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl092-576	A. BUILDING: _____ B. WING _____	R 12/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED FAMILY NETWORK AT WILLOW SPRIN	9609 KENNEBEC ROAD WILLOW SPRINGS, NC 27592

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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on December 21, 2023. The complaint was unsubstantiated intake #NC00210642 & #NC00210583. 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 3. The survey sample consisted of audits of 2 current clients and 1 former client.	V 000		
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 MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug;	V 118		

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V 118	Continued From page 1 (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 observation, record review and interview the facility failed to administer 1 of 2 current clients (#2) medications on the written order of a physician. The findings are: Review on 12/18/23 of client #2's record revealed: - admitted 5/13/20 - Attention Deficit Hyperactivity Disorder & Disruptive Mood Disorder - no physician order for the following medications: Aripiprazole 10mg (milligram) 2 daily (Bipolar) & Haloperidol 2mg daily (mental disorders) Observation on 12/18/23 at 2:51pm of client #2's medications revealed: - Aripiprazole - 1 small pink pill in the blister pack and dispensed 10/31/23 - Haloperidol - 3 pills left During interview on 12/19/23 the pharmacist reported: - the facility's medication were "cycle filled" meaning it was automatically refilled	V 118		

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V 118	Continued From page 2 - was not sure why the Haloperidol had not been filled, unless the physician needed to approve the refills - the Aripiprazole was prescribed 5/19/23 & was last filled 10/31/23 for 28 pills - the Haloperidol was prescribed 9/26/23 & was last filled 11/10/23 for 28 pills During interview on 12/21/23 the Licensee reported: - the physician's office did not send a prescription to the pharmacy, therefore the pharmacy could not fill client #2's medications - he, facility's nurse and the staff ensured the clients' medications were at the facility - he may have to switch the pharmacy	V 118		
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 information: (1) reporting provider contact and identification information;	V 367		

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V 367	Continued From page 3 (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 immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a	V 367		

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V 367	Continued From page 4 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 review and interview the facility failed to notify the Local Management Entity/Managed Care Organization (LME/MCO) of a Level II incident. The findings are: Review on 12/18/23 of the Incident Response Improvement System revealed no Level II incident reports for client #1 Review on 12/21/23 of the facility's incident reporting policy revealed:	V 367		

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V 367	Continued From page 5 - "...the following incidents will be reported as required...elopement and/or wandering..." During interview on 12/18/23 client #1 reported: - he left the facility this summer for approximately a week - he thumbed a ride to another town to a family member's home - he reached out to his guardian & was returned to the facility During interview on 12/21/23 a representative with the local Sheriff department reported: - no records of a missing person was filed from May 2023 to current During interview on 12/21/23 the Licensee reported: - client #1 left the facility this summer (2023) - he could not recall the exact month - he thought he completed a Level II incident report and filed a missing person's report	V 367		
V 503	27D .0103 Client Rights - Search And Seizure Policy 10A NCAC 27D .0103 SEARCH AND SEIZURE POLICY (a) Each client shall be free from unwarranted invasion of privacy. (b) The governing body shall develop and implement policy that specifies the conditions under which searches of the client or his living area may occur, and if permitted, the procedures for seizure of the client's belongings, or property in the possession of the client. (c) Every search or seizure shall be documented. Documentation shall include: (1) scope of search;	V 503		

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V 503	Continued From page 6 (2) reason for search; (3) procedures followed in the search; (4) a description of any property seized; and (5) an account of the disposition of seized property. This Rule is not met as evidenced by: Based on record review and interview the facility failed to develop and implement policy that specifies the conditions under which searches of the clients may occur for 2 of 2 current clients (#1 & #2). The findings are: During interview on 12/18/23 client #1 reported: - he was searched daily - nothing had been found during the searches During interview on 12/18/23 client #2 reported: - was searched daily after school by staff - they pulled pants pockets out and lifted their pant legs - staff have not found anything During interview on 12/19/23 staff #1 reported: - clients were searched daily after school - he had found nothing during the search During interview on 12/18/23 staff #2 reported: - male staff searched the clients after school - nothing had been found in the last 3 months that she was aware of During interview on 12/21/23 the Licensee reported: - staff will randomly search clients - the searches may include: a pat down search or clients pulled their pants or coat pockets out - staff were supposed to document the search	V 503		

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V 503	Continued From page 7 on a log - the searches of the clients had not been documented - he was not sure why staff did not document their searches	V 503		