	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL036-345	B. WING	o		R-C 3/07/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE			
COSBY	COUNSELING & CON	SULTING PLIC	XTON AVENUI IA, NC 28052				
(X4) ID		TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF		(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE	
V 000	INITIAL COMMEN	rs	V 000				
	on 03/07/2024. The	low up survey were completed e complaint was substantiated 337). Deficiencies were cited.					
	category: 10A NCA	sed for the following service C 27G .1700 Residential cure for Children or					
		sed for 3 and currently has a urvey sample consisted of clients.					
V 118	27G .0209 (C) Mec	lication Requirements	V 118				
	only be administered						
	 (2) Medications sha clients only when a client's physician. (3) Medications, ind administered only b unlicensed persons pharmacist or other 	all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by a trained by a registered nurse, r legally qualified person and					
	(4) A Medication Ac all drugs administe current. Medication	re and administer medications. Iministration Record (MAR) of red to each client must be kept is administered shall be ely after administration. The he following:					
sion of H	(B) name, strength (C) instructions for	, and quantity of the drug; administering the drug; he drug is administered; and					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
			B. WING		R-C	
		MHL036-345	B. WING	· · · · · · · · · · · · · · · · · · ·	03/	07/2024
IAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST			
COSBY	COUNSELING & CON	SUITING PLIC	XTON AVENUI			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 118	Continued From pa	ige 1	V 118			
	drug. (5) Client requests checks shall be rec	of person administering the for medication changes or corded and kept with the MAR appointment or consultation				
	Based on interview failed to ensure sta medication adminis registered nurse, pl	et as evidenced by: and record review, the facility ff received training in stration completed by a harmacist, or other legally fecting 1 of 1 Associate The findings are:				
	Review on 02/23/20 record revealed: -Hire date 02/05/20 -No medication adr					
	-Was trained in me Licensee but could -"[Licensee] did my administration train	ninistration training) was also				
	Licensee revealed: -Was not a register legally qualified per medication adminis	ed nurse, pharmacist, or other son certified to train others in				

				(X2) MULTIPLE CONSTRUCTION		
	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COMPLETED	
		MHL036-345				-C 07/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
COSBY	COUNSELING & CON		XTON AVENUE	E		
		GASTON	IIA, NC 28052			
(X4) ID PREFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT	ION SHOULD BE	(X5) COMPLETI
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO T DEFICIENC		DATE
V 118	Continued From pa	ge 2	V 118			
		e I was a certified med tech ian) until I was cited the last				
	-No longer trained s administration.					
	-Hired a nurse to complete medication administration training for staff.					
		ing up here on the 16th (Marcl nedication administration				
	This deficiency con and must be correc	stitutes a re-cited deficiency ted within 30 days.				
V 296	27G .1704 Residen Staffing	tial Tx. Child/Adol - Min.	V 296			
	REQUIREMENTS (a) A qualified profe telephone or page.	MINIMUM STAFFING essional shall be available by A direct care staff shall be cility within 30 minutes at all				
	(b) The minimum r required when child present and awake	number of direct care staff Iren or adolescents are is as follows: care staff shall be present for				
	one, two, three or fo	our children or adolescents; ct care staff shall be present				
	(3) four direct nine, ten, eleven or adolescents.		r			
	during child or adole follows:	number of direct care staff escent sleep hours is as				
		care staff shall be present vake for one through four				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE SURVEY	
	ND PLAN OF CORRECTION IDENTIFICATION NUMBER:					PLETED
MHL036-345		MHL036-345	B. WING			R-C 07/2024
IAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
	COUNSELING & CON	1701 MA	KTON AVENUE			
	CONSELING & CON	GASTON	IA, NC 28052			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 296	Continued From pa	ige 3	V 296			
	 and both shall be a children or adolesc (3) three dire of which two shall be asleep for nine, ten adolescents. (d) In addition to the care staff set forth in Rule, more direct of the facility based on individual needs as plan. (e) Each facility sh supervision of child are away from the facility or adolescent 	care staff shall be present wake for five through eight				
		et as evidenced by: ion and interviews the facility minimum staffing ratio. The				
	11:35 am revealed:	23/2024 at approximately t #1 were present at the facility.				
		2024 with Client #1 revealed: cility alone with Staff #1 since				

Division of Health Service Regulation 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-C 07/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, ST	TATE, ZIP CODE	•	
COSBY	COUNSELING & CON	SUITING PLIC	XTON AVENUE	Ξ		
		GASTON	IA, NC 28052			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 296	Continued From pa	ge 4	V 296			
	-"It is normally 2 sta	aff here."				
		2024 with Client #2 revealed: nt at the facility on each shift.				
	Interview on 02/28/2024 with Client #3 revealed: -1 or 2 staff were present at the facility on each shift.					
	- There was usually morning shift.	1 staff during the weekend				
		2024 with Staff #1 revealed: Int to the store. She will be				
		2024 with Staff #2 revealed: nt at the facility on each shift.				
		2024 with Staff #3 revealed: at all times except for during				
		2024 with the Licensee				
		ally 2 staff at the facility but she n an errand moments before al.				
	This deficiency con and must be correc	stitutes a re-cited deficiency ted within 30 days.				
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive				

If continuation sheet 5 of 7

	of Health Service Re					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED R-C 03/07/2024	
		MHL036-345	B. WING			
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
		1701 MA	XTON AVENUE			
CO2B1 (COUNSELING & CON	GASTON	IIA, NC 28052			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	DATE
V 736	Continued From pa	age 5	V 736			
	This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, attractive, and orderly manner. The findings are:					
	11:35 am - 11:45 a Clients' #1 and #2 l	23/2024 at approximately m of the facility revealed: bedroom: s scattered about the entire				
	unfinished drywall a long and 8 inches w unfinished drywall a long and 4 inches w approximately 8-10 doorknob. -White closet door half of the door und -1 circular unfinishe 7 inches long and 6 -Clothes, shoes, 1 boxes, 1 gaming bo	bor with 1 large circular area approximately 8 inches wide, 1 medium circular area approximately 6 inches wide, and a crack 0 inches long leading to the with paint peeled off the lower der the doorknob. ed drywall area approximately 6 inches wide near the bed. skateboard, 2 medium sized ox, 1 large trash bag filled with desk lamp, and debris				
	Bathroom: -Partially hung show approximately 6-8 i					
	- Shower curtain br	2024 with Client #1 revealed: oke 2 weeks ago. ms once per week."				
		2024 with Client #2 revealed: the wall prior to his admission				

Division of Health Service Regulation STATE FORM

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
	or connection	IDENTIFICATION NOMBER.	A. BUILDING:				
		MHL036-345	B. WING			R-C 03/07/2024	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
OSBY (COUNSELING & CON	ISHITING PLIC	XTON AVENU				
		GASTO	NIA, 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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 736	Continued From pa	age 6	V 736				
	-Shower curtain br	/2024 with Client #3 revealed: oke a month ago. n the wall prior to his admissior	1				
	Interview on 02/28/2024 with Staff #2 revealed: -"We deep clean every Sunday." -"They (Clients) are supposed to make sure their rooms are in order every day."						
	-Was not sure how walls.	/2024 with Staff #3 revealed: / long the holes had been in the / long the curtain had been	e				
	revealed: -Hired a repairman repairs to the facilit -Did not know whe bedroom door hap -"I believe he (Clief because I plastere -"I got a call on Sur shower curtain."	n the crack in Client #3's pened. nt #3) made the hole this week d it yesterday." nday about them needing a Saturday. The boys (Clients)					

If continuation sheet 7 of 7