Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					X3) DATE SURVEY COMPLETED	
12		A. BUILDING:		R-C		
		MHL036-357	B. WING			7/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY,	STATE, ZIP CODE		
COSBY	COSBY COUNSELING & CONSULTING, PLLC  1351 HARGROVE AVENUE GASTONIA, NC 28052					
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	TION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)		COMPLETE DATE
V 000	INITIAL COMMENT	TS	V 000			
	on 03/07/2024. The	low up survey were completed e complaint was substantiated 344). Deficiencies were cited.				
	This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.					
		sed for 4 and currently has a urvey sample consisted of 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					
	client's physician. (3) Medications, incadministered only b	uthorized in writing by the cluding injections, shall be by licensed persons, or by				
	pharmacist or other privileged to prepar (4) A Medication Ac	s trained by a registered nurse, r legally qualified person and re and administer medications. dministration Record (MAR) of				
	current. Medication recorded immediate MAR is to include the	red to each client must be kept is administered shall be ely after administration. The he following:				
	(C) instructions for	, and quantity of the drug; administering the drug; he drug is administered; and				

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BOILDING.	·	l R	-C
		MHL036-357	B. WING			07/2024
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	STATE, ZIP CODE		
COSBY	COUNSELING & CON	ISHITING PLIC	NIA, NC 2805			
(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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 118	Continued From pa	age 1	V 118			
	drug. (5) Client requests checks shall be red	of person administering the for medication changes or corded and kept with the MAR appointment or consultation				
	Based on interview failed to ensure star medication administregistered nurse, professional (AP).  Review on 02/23/20 record revealed: -Hire date 02/05/20	024 of the AP's personnel				
	-Was trained in me Licensee but could -"[Licensee] did my administration train	ministration training) was also				
	Licensee revealed: -Was not a register legally qualified per medication adminis	red nurse, pharmacist, or othe rson certified to train others in				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R-C	
		MHL036-357	B. WING		03/07/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
COSBY	COUNSELING & CON	SULTING. PLLC	GROVE AVE A, NC 28052			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	
V 118	Continued From pa	ge 2	V 118			
	administration since (medication technic time." -No longer trained sadministrationHired a nurse to coadministration train -"The nurse is com 2024) to do a new retraining."	e I was a certified med tech sian) until I was cited the last staff in medication emplete medication ing for staff. ing up here on the 16th (March medication administration				
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	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.					
		ion and interview, the facility I in a clean, attractive, and				
	01:22 pm - 01:35 p Clients' #1 and #2 k -Clothes and debris -2 unfinished drywa inches long and 3 in head of bed #1. -3 unfinished drywa					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				3) DATE SURVEY COMPLETED	
		B. WING		R-C			
		MHL036-357	B. WING		03/0	7/2024	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
COSBY	COUNSELING & CON	SULTING. PLLC	GROVE AVE				
(V4) ID	SLIMMA DV STA	ATEMENT OF DEFICIENCIES	A, NC 28052	PROVIDER'S PLAN OF CORRECTION		(VE)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 736	Continued From pa	ige 3	V 736				
	window, and a whit clothes in front of the -Toys, boxes of toys scattered about the -4 unfinished drywa	case against wall near the e basket overflowing with					
	<ul><li>-5 unfinished drywa</li><li>inches long and 5 in</li><li>the bathroom.</li><li>-1 large circular unf</li></ul>	approximately 4-6 broken slats.  All repair areas approximately 6 nches wide on the wall near finished drywall repair area ches long and 9 inches wide on					
	Interview on 02/28/2024 with Client #1 revealed: -"Holes were there before I got here." -"My room is unorganized because I am unorganized." -"We are supposed to clean our room every day."						
	-"A few (holes) are	2024 with Client #2 revealed: recent, and others are old." or keeping his room clean.					
	-Cleaned his room	2024 with Client #3 revealed: every day. have been like that since I got					
	-Did not remember room.	2024 with Client #4 revealed: when he last cleaned his					
	-"Kids (clients) keep putting holes in the wall."  Interview on 02/28/2024 with Staff #1 revealed:						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL036-357	B. WING			-C <b>)7/2024</b>
	PROVIDER OR SUPPLIER COUNSELING & CON	SULTING PLIC 1351 HAR	DRESS, CITY, S GROVE AVE A, NC 28052			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 736	-"Clients are suppoday." -"Client rooms are cleaning their room-"Holes in walls hap Interview on 02/28/-"Clients are suppoday." -Holes have been in (timeframe was not Interview on 02/23/revealed: -Hired a repairman repairs to the facilit -Was not aware of bedroom.	sed to clean their rooms every messy due to client not s up." opened 1 or 2 years ago."  2024 with Staff #2 revealed: sed to clean their rooms every in the walls for awhile c quantified).  2024 with the Licensee on 02/05/2024 to make y. the broken blinds in Client #4's in for the holes in the walls in	V 736			

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