	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
					R	
		MHL011-424	B. WING		05/01/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	= ZIP CODE		
TVAINE OF T	NOVIDEN ON GOLT EIEN		TMORE AVENUE	-, 2II 00DE		
CAIYALYN	IN BURRELL CHILD CRI	SIS CENTER	ILLE, NC 28801			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)		
V 000	INITIAL COMMENTS		V 000			
	completed on May 1, substantiated (intake Deficiencies were cite This facility is licensed category: 10A NCAC Crisis Service for Indi	,				
	census of 15. The sur	d for 16 and currently has a rvey sample consisted of ents and 1 deceased client.				
V 117	27G .0209 (B) Medica	ation Requirements	V 117			
	visible; (2) Prescription med or obtained as sample tamper-resistant pack risk of accidental inge packaging includes pl with tamper-resistant unit-of-use packaged may be adequate; (3) The packaging ladrug dispensed must (A) the client's name (B) the prescriber's r (C) the current dispe (D) clear directions for	ging and labeling: drug containers not nacist shall retain the with expiration dates clearly ications, whether purchased es, shall be dispensed in raging that will minimize the estion by children. Such lastic or glass bottles/vials caps, or in the case of drugs, a zip-lock plastic bag libel of each prescription include the following: ; name; nsing date; or self-administration; th, quantity, and expiration				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

	OF DEFICIENCIES	(X1) PROVIDER/SU		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATIO	N NUMBER:	A. BUILDING: _		COMPL	ETED
						F	·
		MHL011-42	24	B. WING		1	1/2024
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
			277 BILTM	ORE AVENUE			
CAIYALYN	IN BURRELL CHILD CRI	SIS CENTER	ASHEVILLI	E, NC 28801			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIE	ENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX TAG	`	Y MUST BE PRECEDE LSC IDENTIFYING INF		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)		COMPLETE DATE
V 117	7 Continued From page 1			V 117			
	(F) the name, addre pharmacy or dispens center), and the nam practitioner.	ing location (e.g.,	, mh/dd/sa				
	This Rule is not met Based on observation interviews, the facility medications had the for 10 of 67 Former C #12, #14, #15, #20, # are:	n, record review a required to ensure required labeling Clients (FC#1, #3,	and prescription information , #8, #9,				
		edication room are all association room are all association cart confirmation medication medical pharmacies. In the pharmacy of the pharmacy o	nd review of 23-4/29/24 nedication tained 25 cations dispensing n bottles with a escription d out and th the nsus sheet				
	for FC #1.	T dispensed 8/4/2					

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STATE FORM 6899 QGZU11 If continuation sheet 2 of 13

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED			
							R
		MHL011-424		B. WING		05	5/01/2024
NAME OF P	ROVIDER OR SUPPLIER		STREET AL	DDRESS, CITY, STATE	E, ZIP CODE		
			277 BILTI	MORE AVENUE			
CAIYALYN	IN BURRELL CHILD C	RISIS CENTER	ASHEVIL	LE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENC NCY MUST BE PRECEDED B R LSC IDENTIFYING INFORI	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 117	V 117 Continued From page 2			V 117			
	-Sertraline disp -Aripiprazole di -Ondansetron di FC#9Hyoscyamine FC#12Fluoxetine HC FC#14Topamax disp -Naltrexone dis -Hydroxyzine H FC#15Hydroxyzine di -Escitalopram di -Escitalopram di -Escitalopram di -Escitalopram di -In clients' names medication bottles darker black ink and be identified as follo -Olanzapine di -Mirtazapine di -Olanzapine di -Hydroxyzine H -Risperidone di -Trazodone dis -Clonidine HCL -Fluoxetine HC	pensed 5/10/23 for FC ispensed 5/11/23 for IODT dispensed 5/30/3 Sulfate dispensed 6/8 L dispensed 8/18/23 for FC ispensed 8/18/23 for FC ispensed 8/18/23 for FC ispensed 10/27/3 for FC ispensed 10/16/23 for FC ispensed 1	FC#8. 23 for 8/23 for for #14. C#14. /23 for r FC#15. FC#20. 23/23 for r FC#61. cription heavier, ould not				
	a shortage of medic -"Sometimeswe	ons would be used if to cation. can cross the name or or the client that is dis	ff the				

Division of Health Service Regulation

STATE FORM 6899 QGZU11 If continuation sheet 3 of 13

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUF		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY IPLETED
		MHL011-42	4	B. WING		0	R 5/01/2024
NAME OF P	ROVIDER OR SUPPLIER			DRESS, CITY, STA	TE. ZIP CODE	, ,	0.0 = 0
				ORE AVENUE	. –, – • • • –		
CAIYALYI	NN BURRELL CHILD CR	ISIS CENTER		E, NC 28801			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL			DF CORRECTION CTION SHOULD BE D THE APPROPRIATE NCY)	(X5) COMPLETE DATE
V 117	Continued From pagthe RN (Registered matches. That's how working here. I guest name off the meds, I by the MAR (medicated He did not "recall ever medication from over linterview on 4/30/24 Nurse (LPN) reveale -"If a client comes in don't bring their med they run out of their runIf discharged client and the older prescrican add it to the over either myself, or [Rungler -"I don't remember if overstock medication usually come in with bottles. It would be remedication." Interview on 4/30/24 - "When the pharmated they are in a bottle for doesn't go home, we can't return bottles, come in it's something we because sometimes	d Nurse) makes suit's been since I sis it's the RN that ridon't do any of the tion administration were having to give a from the licensed d: with the Licensed d: with a prescription ication bottles with meds, we can use is have medication ption is left at the restock drawer." I ever had to admin to any clients. The their own prescription is left at the restock drawer. Their own prescription is left at the restock drawer. Their own prescription is left at the restock drawer. Their own prescription is left at the restock drawer. Their own prescription is left at the restock drawer. Their own prescription is left at the restock drawer. Their own prescription is left at the restock drawer of the restock drawer. Their own prescription is left at the restock drawer. Their own prescription is left at the restock drawer. Their own prescription is left at the restock drawer. Their own prescription is left at the restock drawer. Their own prescription is left at the restock drawer. Their own prescription is left at the restock drawer. Their own prescription is left at the restock drawer. Their own prescription is left at the restock drawer. Their own prescription is left at the restock drawer. Their own prescription is left at the restock drawer. Their own prescription is left at the restock drawer. Their own prescription is left at the restock drawer. Their own prescription is left at the restock drawer. Their own prescription is left at the restock drawer. Their own prescription is left at the restock drawer. Their own prescription is left at the restock drawer. Their own prescription is left at the restock drawer. Their own prescription is left at the restock drawer. Their own prescription is left at the restock drawer. The restock drawer is left at the restock drawer. The restock drawer is left at the restock drawer. The restock drawer is left at the restock drawer. The restock drawer is left at the restock drawer. The restock drawer is left at the restock drawer is left at the restock drawer is left at the restoc	started marks the marks the marks the marks the mark, I just go marcord)." a Practical mand they mand they mand them, or if moverstock mand changes facility, we make names." make (clients) matter an matter an make (clients) matter an matte	V 117	DEFICIE	NCY)	
	even if they are aske admissionhonestly they are used. It's us admits with no meds punch packs from the day If it's a control pharmacy, but any of in a bottle we keep for	wit isn't all that free sually just when the sually just when the sually he pharmacy in lessed med it is sent ther prescription no overflow."	quent that ne kid nave those s than a back to the nedication				

Division of Health Service Regulation

STATE FORM 6899 QGZU11 If continuation sheet 4 of 13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED
	MHL011-424	B. WING		R 05/01/2024
NAME OF DROVIDED OR SUDDILIED	•	DDRESS, CITY, STATE	710 0005	00/01/2024
NAME OF PROVIDER OR SUPPLIER		MORE AVENUE	E, ZIP CODE	
CAIYALYNN BURRELL CHILD C	RISIS CENTER	LLE, NC 28801		
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
overflow medication "Effective immediate medications and m	n staff yesterday regarding ns of discharged clients. ely, we are not holding any edications will be discharged returned to the pharmacy when	V 117		
only be administered order of a person and drugs. (2) Medications shat clients only when a client's physician. (3) Medications, incomplete administered only burnicensed persons pharmacist or other privileged to prepare (4) A Medication Acall drugs administered current. Medication recorded immediate MAR is to include to (A) client's name; (B) name, strength, (C) instructions for (D) date and time to (E) name or initials drug. (5) Client requests	inistration: non-prescription drugs shall ad to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by trained by a registered nurse, legally qualified person and le and administer medications. Iministration Record (MAR) of led to each client must be kept s administered shall be lety after administration. The	V 118		

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STATE FORM 6899 QGZU11 If continuation sheet 5 of 13

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMB		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	
AND PLAN	OF CORRECTION	IDENTIFICATION NOME	DER.	A. BUILDING: _		COMPLE	ובט
		MHL011-424		B. WING		R 05/01	/2024
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CAIVALVA	IN BUIDDELL CHILD CDI	ICIC CENTED	277 BILTM	ORE AVENUE			
CAITALIN	IN BURRELL CHILD CRI	ISIS CENTER	ASHEVILL	E, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY F LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 118	Continued From page	e 5		V 118			
	with a physician.						
	TI: D I :						
	This Rule is not met	-					
		ews and interviews, the					
		MARs current for 2 of 2					
		ts (Client#8 and Client#					
		eceased Client (DC#1).	The				
	findings are:						
	Paviow on 4/30/24 of	f Client#8's record reve	alod:				
	-Date of Admission: 3		aleu.				
	-Diagnoses: Major De						
	-Age: 17.	epiessive Disorder.					
	-Agc. 17.						
	Review on 4/30/24 of revealed:	f Client#8's undated MA	ARs				
	-Scheduled medication	ons documented as					
		31 of MAR#1 included:					
	_	somnia) 45 milligrams (
	by mouth (PO) every		0,				
	, ,	mnia) 3 mg PO every F	IS.				
	-Scheduled medication	, -					
		s 1-29 of MAR#2 includ	led:				
		mg PO every HS for 3					
	•	ng every HS for 3 days	•				
	4-6), then discontinue		, J -				
	*	ood) 2 mg PO every mo	ornina				
		6), then 5 mg PO every					
	morning (days 17-29)						
		od) 20 mg PO every mo	orning				
	(days 12-29).	Ja, Zo mg i O every mi	Jilling				
	, ,	voor was not doorman	tod or				
	either of the MARs.	year was not documen	it c u UH				
	eiulei oi ule MARS.						

Division of Health Service Regulation

STATE FORM 6899 QGZU11 If continuation sheet 6 of 13

DIVISION	n Health Service Negu	lation			1
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			_		_
					R
		MHL011-424	B. WING		05/01/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ALE, ZIP CODE	
CAIVALVA	IN BURDELL CUILD CDI	277 BILTN	ORE AVENUE		
CAHALIN	IN BURRELL CHILD CRI	ASHEVILL	.E, NC 28801		
0/10/15	SLIMMADV ST	ATEMENT OF DEFICIENCIES	- 15	PROVIDER'S PLAN OF CORRECTIO	N OVE
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	(- /
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI	
				DEFICIENCY)	
V 118	Continued From page	e 6	V 118		
	Di 4/00/04 -f	Ol: +#Ol			
		Client#9's record revealed:			
	-Date of Admission: 4				
	-Diagnoses: Attention	• • • • • • • • • • • • • • • • • • • •			
	Disorder (ADHD); Ma	jor Depressive Disorder;			
	Substance Use Disor	der.			
	-Age: 13.				
	-Physician's orders in	cluded "Standard PRN (as			
		d 3/23/24 and 4/22/24 for			
	the following medicati				
	-Tylenol 650 mg PO every 6 hours PRN pain				
	or fever over 100 degrees Fahrenheit.				
	•				
	•	ng PO every 6 hours PRN			
	•) degrees - Fahrenheit.			
		O once daily PRN heartburn.			
	-MiraLAX 17 grai	ms (g) in 8 ounces (oz) of			
	liquid PO once daily F	PRN constipation.			
	-Mylanta 15 millil	iters (ml) PO every 8 hours			
	PRN for indigestion o	r upset stomach.			
	· ·	·			
	Review on 4/30/24 of	Client#9's undated MAR			
	revealed:				
	-Scheduled medication	one documented as			
	administered on days				
	`	d) 75 mg PO every morning			
	(days 23-29).				
		nine-Amphetamine			
	, ,	ery morning (days 23-29).			
	-Guanfacine (AD	HD) 1 mg PO twice daily			
	(BID) (days 23-26).				
	-Ziprasidone (mo	od) 40 mg PO every HS			
		mg every HS (days 26-29).			
		was not documented on the			
	MAR.				
	-The following PRN m	nedications were			
	•	AR with no documentation			
	of the medication nan				
	•	ions for administering the			
	medication as follows	:			
	-"tyl"				

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-"ibu"

STATE FORM 6899 QGZU11 If continuation sheet 7 of 13

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED
		MHL011-424	B. WING		R 05/01/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE	
CAIVALVA	IN DUDDELL CUIL D CDI	277 BIL	TMORE AVENUE		
CAITALTN	IN BURRELL CHILD CRI	SIS CENTER ASHEV	ILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFINED DEFICIENCY)	D BE COMPLETE
V 118	Continued From page	e 7	V 118		
	-"mir" -"pep" -"myl"				
	-Date of Admission: 6 -Diagnoses: ADHD; E Abuse; Amphetamine Disorder, Moderate; 6 -Age: 16Date of Discharge: 1 -Date of Death: 2/3/2 -Physician's orders in -Lithium Carbona 7/24/23Prazosin 2 mg F dated 8/25/23Hydroxyzine Pa dated 8/21/23Clonidine 0.2 mg -Omeprazole 20 days dated 10/23/23Divalproex Sodi HS dated 10/31/23. Review on 4/30/24 of 2023-November 2023 -No MAR for November Interview on 4/30/24 -"I don't write out the (Registered Nurses) a initial the medications with the MARs."	Bipolar Disorder; Opioid Type Substance Use Cannabis Abuse. 1/6/23. 4. Icluded: ate ER 450 mg PO BID dated PO three times daily (TID) moate 100 mg PO every HS g PO every HS dated 9/4/23. mg every morning for 14 um ER 1000 mg PO every DC#1's MARs for June B revealed: Der 2023. with Staff#1 revealed: MARs, I think only RN's are allowed to do that. I just allowed to do any other stuff with the Licensed Practical			
	to ensure they were a				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	· ′	CONSTRUCTION	(X3) DATE COMP	SURVEY LETED		
			A. BOILDING			n
		MHL011-424	B. WING		l l	R 01/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
CAIYALYN	IN BURRELL CHILD CRI	SIS CENTER	MORE AVENUE			
	_	ASHEVIL	LE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From page	e 8	V 118			
	month by the RNThe RN was responsible for preparing new MARs each month.					
	Interview on 4/30/24 with the RN revealed: -It was nursing staff's responsibility to accurately prepare each client's MARThe facility has recently been using agency nurses and there has been inconsistency with the formatting of the MARsIf she found any discrepancies on a MAR, she					
	would report it to the Nursing Supervisor. -The Nursing Supervisor "isn't incredibly easy to get a hold ofWe used to have a nursing					
		uilding (facility) and now that have one supervisor for hey are busier."				
	Supervisor revealed:	with the facility's Support DC#1's November 2023				
	MAR.	DOTT S NOVEMBER 2020				
	MARs are pulled and office and [Medical R	<u>=</u>				
	folder and they go to	em directly into a priority one HR (Human Resources) and om a scanning que to the				
	medical record numb (client). [Medical Rec	er associated with the child ords Assistant] is not here be available later today. If				
	the November MAR i have [Medical Record	s located for [DC#1] we will ds Assistant] tell [Regional I can't find it in her office."				
	Director revealed: -" Only the nurses are	with the Regional Operations e allowed to fill out the all virtual nurse reviewing it, send it to the center				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPP IDENTIFICATION N		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE S COMPLI	
						F	3
		MHL011-424		B. WING		05/0	1/2024
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CAIYALYN	IN BURRELL CHILD CRI	SIS CENTER		ORE AVENUE E, NC 28801			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENC		ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED I LSC IDENTIFYING INFOR	BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETE DATE
V 118	Continued From page	e 9		V 118			
	Nurses are supposed to compare physician orders with the MARs."						
V 119	27G .0209 (D) Medic	ation Requirements	3	V 119			
	10A NCAC 27G .020 REQUIREMENTS (d) Medication dispose (1) All prescription and medication shall be diguards against diverse (2) Non-controlled sure of by incineration, flus system, or by transfered destruction. A record shall be maintained be Documentation shall medication name, stream date and method, the disposing of medicati witnessing destruction (3) Controlled substances Act, G.S. subsequent amendment (4) Upon discharge or remainder of his or he disposed of promptly expected that the patt to the facility and in sedrug supply shall not calendar days after the	sal: ad non-prescription isposed of in a mar sion or accidental in bstances shall be of shing into septic or r to a local pharmac of the medication of by the program. specify the client's ength, quantity, dis esignature of the pe on, and the person n. nces shall be dispo North Carolina Con . 90, Article 5, includents. If a patient or reside er drug supply shall unless it is reasona ient or resident sha uch case, the rema be held for more the	gestion. lisposed sewer by for lisposal name, posal erson sed of in trolled ding any ent, the be ably Il return ining an 30				
	This Rule is not met	as evidenced by:					

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STATE FORM G899 QGZU11 If continuation sheet 10 of 13

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SU		1	CONSTRUCTION	(X3) DATE S	
ANDILAN	OF CORRECTION	IDENTII IOATIC	ON NOMBER.	A. BUILDING: _		COM	LILD
		MHL011-4	124	B. WING		I	尺 01/2024
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CAIVALVA	IN BURRELL CHILD CRI	SIS CENTED	277 BILTM	ORE AVENUE			
CAHALIN	IN BURKELL CHILD CKI	313 CENTER	ASHEVILLI	E, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICI Y MUST BE PRECED LSC IDENTIFYING IN	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 119	Continued From page	∋ 10		V 119			
	Based on observation interview the facility for medication supply was discharge affecting 1 (FC#1, #3, #8, #9, #1 #61). The findings are	n, record review ailed to ensure eas disposed of properties of 67 Former (2, #14, #15, #20) e:	each client's romptly upon Clients), #33 and				
	Observation on 4/29/24 at approximately 12:50 pm of the facility's medication room revealed: -15 bottles of prescription medication which had been dispensed for clients no longer residing at the facility: -FC#1: Polyethylene Glycol 3350 dispensed 7/7/23FC#3: Olanzapine ODT dispensed 8/4/23FC#8: Sertraline dispensed 5/10/23 and Aripiprazole dispensed 5/11/23FC#9: Ondansetron ODT dispensed 5/30/23FC#12: Hyoscyamine Sulfate dispensed 6/8/23.						
	-FC#14: Fluoxeti Topamax dispensed 3 dispensed 8/18/23FC#15: Hydroxy 10/27/23 and Hydrox -FC#20: Buspiro -FC#33: Escitalo 5/23/23FC#61: Clonidir	8/18/23, and Na zine HCL dispe yzine dispensed ne dispensed 10 pram Oxalate di	nsed 11/29/23. 0/16/23. spensed				
	Review on 4/29/24 of dated 6/30/23-4/29/24 -FC#1 discharge -FC#3 discharge -FC#8 and FC#9 on 8/15/23FC#12 discharg 9/22/23FC#14 discharg 9/18/23.	4 revealed: d from the facilit d from the facilit d discharged fron ed from the facil	y on 7/11/23. y on 8/17/23. n the facility				

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STATE FORM G899 QGZU11 If continuation sheet 11 of 13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
		MHL011-424		B. WING		0:	R 5/01/2024
NAME OF P	ROVIDER OR SUPPLIER		STREET AF	DRESS, CITY, STA	TE ZIP CODE		
NAME OF T	NOVIDEN ON 3011 EIEN			MORE AVENUE	TE, ZII GODE		
CAIYALY	NN BURRELL CHILD CRI	SIS CENTER		LE, NC 28801			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENC	IES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	,	Y MUST BE PRECEDED E LSC IDENTIFYING INFORI		PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	THE APPROPRIATE	COMPLETE DATE
V 119	V 119 Continued From page 11			V 119			
	-FC#20 discharg 10/17/23. -FC#33 discharg 10/29/23.	ed from the facility of ed from the facility of ed from the facility of ed from the facility of	on				
	Interview on 4/30/24 -Former Clients' med kept in the medication -Overflow medication a shortage of medica -"Sometimeswe camed (medication) forthe RN (Registered matches. That's how working here. I guess name off the meds, I by the MAR (medication from over medication from over	ications were some of room for "overflow is would be used if to tion. In cross the name of the client that is dis Nurse) makes sure it's been since I state it's the RN that madon't do any of that ion administration refer having to give a	times /." there was ff the charged it rted irks the , I just go				
	Interview on 4/30/24 Nurse (LPN) revealed -"If a client comes in a don't bring their medithey run out of their number of their number of the older prescription and the older prescription and it to the over -"Either myself, or [RI-"I don't remember if overstock medication usually come in with bottles. It would be remedication."	d: with a prescription a cation bottles with the neds, we can use of s have medication co otion is left at the fact stock drawer." N] just cross out the I ever had to admini- to any clients. They their own prescription	and they hem, or if verstock changes cility, we names." ister an y (clients) on				
	Interview on 4/30/24 - " When the pharmac						

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		5 14/110	2 11110		R		
MHL011-424			B. WING	B. WING 05		/01/2024	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
CAIYALYNN BURRELL CHILD CRISIS CENTER 277 BILTMORE AVENUE ASHEVILLE, NC 28801							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE) CROSS-REFERENCED	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE		
V 119	they are in a bottle for doesn't go home, we can't return bottles, or so if it's something we because sometimes keeven if they are asked admissionhonestly they are used. It's us admits with no meds, punch packs from the day If it's a controlle pharmacy, but any oth in a bottle we keep for Interview on 5/1/24 w Director revealed: -Had a meeting with soverflow medications "Effective immediately medications and medications and medications are so if it's something with soverflow medications and medications are so if it's something with so it is a solution of the s	r the client, and if the client hang on to the bottles. We ally unopened punch packs, a regularly use we keep it cids come in without meds it to bring them for it isn't all that frequent that ually just when the kid and we usually have those a pharmacy in less than a ed med it is sent back to the per prescription medication in overflow." The Regional Operations staff yesterday regarding of discharged clients. Y, we are not holding any ications will be discharged urned to the pharmacy whe	e 6				

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