Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL090-195	B. WING		07/05/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DRESS, CITY, STA	TE. ZIP CODE		
			ASTY ROAD	, _, _, _, _, _,		
ANDERSO	ON HEALTH SERVICES-S	IMMONS	ILLE, NC 28103			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 000	INITIAL COMMENTS		V 000			
	completed on 7-5-24.	and complaint survey was The complaint was 217164). Deficiencies were				
		d for the following service 27G .1900 Psychiatric t for Children and				
	This facility is licensed has a census of four. consisted of audits of	• •				
V 365	G.S. 122C-224 Judici Admission	al Review of Voluntary	V 365			
	§ 122C-224. Judicial admission.	•				
	where the minor will be restrictions on his free in the State facilities for similar restrictions, and district court in the co	dmitted to a 24-hour facility be subjected to the same edom of movement present or the mentally ill, or to hearing shall be held by the unty in which the 24-hour n 15 days of the day that				
	of not more than five (b) Before the admiss the minor and his legal written information de	to the facility. A continuance days may be granted. ion, the facility shall provide ally responsible person with scribing the procedures for mission and informing them				
	about the discharge p be informed that, afte discharge, the facility hours during which tir a petition for involunta (c) (Effective until Oct	rocedures. They shall also r a written request for may hold the minor for 72 ne the facility may apply for				

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

TITLE (X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1:			(X3) DATE SURVEY COMPLETED	
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _			LILD
MHL090-195		B. WING		07/0	5/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
ANDERSO	ON HEALTH SERVICES-S	SIMMONS 1915-C HA	STY ROAD			
7.11521100		MARSHVII	LE, NC 28103	<b>3</b>		
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE
V 365	clerk of court in the colocated that the minor a hearing for concurre be scheduled. At the schedule a hearing, the clerk of the names are responsible person as professional.  (c) (Effective October after admission, the facourt in the county when the minor has be hearing for concurrent scheduled. At the time a hearing, the facility the names and addrest responsible person as professional and (ii) professional and (iii)	bunty where the facility is a has been admitted and that ence in the admission must time notice is given to the facility shall notify the ad addresses of the legally and the responsible  1, 2019) Within 24 hours acility shall notify the clerk of the facility is located en admitted and that a acce in the admission must be enotice is given to schedule shall (i) notify the clerk of sses of the legally and the responsible provide the clerk with a copy ible person's written sion of the minor and the ation of the minor, both of order G.S. 122C-211(a).  2, 756; 1979, c. 171, s. 1; 1985, c. 589, s. 2; 1987, c. 16.)	V 365			
	(a) Within 48 hours of minor has been admit wherein his freedom or restricted, an attorney minor in accordance of Office of Indigent Definition has been admit mentally ill, the attornattorney employed in 122C-270(a) through	f receipt of notice that a tted to a 24-hour facility				

Division of Health Service Regulation

STATE FORM 5Q8L11 If continuation sheet 2 of 10

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		
		MHL090-195	B. WING		07/0	5/2024
ANDERSON HEALTH SERVICES-SIMMONS			RESS, CITY, STA STY ROAD LE, NC 28103			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 365	minor an affidavit of ir be paid a reasonable adopted by the Office Services. The judge r attorney's fee from a pas provided in G.S. 777A-450.4.  (b) Upon receipt of not admitted to a 24-hour of movement will be r calendar a hearing to admission for the purpminor's admission. Not of the hearing shall be 1A-1, Rule 4(j) to the as soon as possible before the scheduled hearing shall be sent person and the responsa possible but not lathearing by first-class individual's last known (c) The clerk shall schrehearings and send are responsations.	the court to receive from any indigency. The attorney shall fee in accordance with rules of Indigent Defense may require payment of the person other than the minor A-450.1 through G.S.  Indice that a minor has been facility wherein his freedom estricted, the clerk shall be held within 15 days of pose of review of the potice of the time and place are given as provided in G.S. attorney in lieu of the minor, but not later than 72 hours hearing. Notice of the to the legally responsible insible professional as soon ter than 72 hours before the mail postage prepaid to the	V 365			
	minor.  (a) The attorney shall 10 days of his appoin hours before the hear shall inform the minor and shall give the mir	counsel the minor				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL090-195	B. WING		07/05/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ANDEDSC	ON HEALTH SERVICES-S	IMMONS 1915-C HA	STY ROAD			
ANDLING	NY TIERETTI GERVIGEG-G	MARSHVI	LLE, NC 28103			
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 365	Continued From page	3	V 365			
	minor. If the minor do attorney shall file a m the scheduled hearing to be present at the h during the minor's ow determines that the mappear before the judgestimony, the attorney motion with the court the minor's right to te (c) In all actions on be attorney shall represent	e hearing proceeding on the es not wish to appear, the otion with the court before g to waive the minor's right earing procedure except in testimony. If the attorney ninor does not wish to ge to provide his own ey shall file a separate before the hearing to waive stify.  The ent the minor until formally insibility by the judge. (1987,				

Division of Health Service Regulation

STATE FORM 5Q8L11 If continuation sheet 4 of 10

ווטופועום	<u>of Health Service Regu</u>	ilation				
STATEMEN <sup>*</sup>	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			· · · - · · · -			
			5 14/11/0			
		MHL090-195	B. WING		07/05/2024	
NAME OF B	ROVIDER OR SUPPLIER	STDE	ET ADDRESS, CITY, STA	TE ZID CODE		
INAME OF I	NOVIDER OR SOLT LIER			TE, ZII GODE		
ANDERSO	ON HEALTH SERVICES-S	SIMMONS	-C HASTY ROAD			
		MAR	SHVILLE, NC 28103			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	V (X5)	
PRÉFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE DATE	
				DEI IGIEROT)		
V 365	Continued From page	e 4	V 365			
	(c) Certified copies of	f reports and findings of				
	physicians, psycholog	gists and other responsible				
	professionals as well	as previous and current				
		admissible in evidence, but				
		ugh his attorney, to confront				
		itnesses may not be denied.				
		closed to the public unless				
	the attorney requests					
	(e) A copy of all docu					
		cript of the proceedings shall				
		torney, on request, by the				
		on of a district court judge.				
	-	rovided at State expense.				
		to be authorized beyond the				
	_	ust be (1) mentally ill or a				
	substance abuser and	d (2) in need of further				
	treatment at the 24-ho	our facility to which he has				
	been admitted. Furthe	er treatment at the admitting				
	facility should be und	ertaken only when lesser				
		ufficient. It is not necessary				
		a finding of dangerousness				
	in order to support a					
	admission.					
		ake one of the following				
	dispositions:	and one or the rememing				
	(1) If the court finds b	w clear codent and				
	` '	that the requirements of				
		een met, the court shall				
	· · · ·	•				
		tary admission and set the				
	_	ed admission of the minor				
	for a period not to exc					
	(2) If the court determ					
	reasonable grounds t					
		ection (f) have been met but				
	that additional diagno					
	needed before the co	ourt can concur in the				
	admission, the court r	may make a one time				
		an additional 15 days of				
		ne further diagnosis and				

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STATE FORM 6899 5Q8L11 If continuation sheet 5 of 10

Division of Health Service Regulation

DIVISION	n Health Service Negu	iation			T
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
				<u>—</u>	
			D WING		
		MHL090-195	B. WING		07/05/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ATE. ZIP CODE	
			STY ROAD		
ANDERSO	ON HEALTH SERVICES-S	IMMONS		3	
		WARSHVII	LE, NC 28103	<b>)</b>	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	( - /
PREFIX		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	
TAG	REGULATORT OR L	.3C IDENTIFTING INFORMATION)	TAG	DEFICIENCY)	NATE
			-	,	
V 365	Continued From page	5	V 365		
		or allow the allow as			
	evaluation shall be co				
	, ,	ines that the conditions for			
	concurrence or contin	ued diagnosis and			
	evaluation have not b	een met, the judge shall			
	order that the minor b	e released.			
	(h) The decision of the	e District Court in all			
	hearings and rehearing	ngs is final. Appeal may be			
	had to the Court of Ar	opeals by the State or by any			
		s in civil cases. The minor			
		treated in accordance with			
		outcome of the appeal,			
		ered by the District Court or			
		(1987, c. 370; 1987 (Reg.			
		, , ,			
	Sess., 1988), c. 1037	, S. 113.)			
	\$ 4000 004 4 Dahaa	wi.u. a. a.			
	§ 122C-224.4. Rehea				
		to a 24-hour facility upon			
	order of the court for t	•			
		the right to a rehearing if			
		ssional determines that the			
		ther treatment beyond the			
	time authorized by the	e court for diagnosis and			
	evaluation.				
	(b) A minor admitted t	o a 24-hour facility upon the			
	concurrence of the co	ourt shall have the right to a			
	rehearing for further of	concurrence in continued			
	treatment before the	end of the period authorized			
		rt shall review the continued			
	admission in accorda				
		rt. The court may order			
		r if the minor no longer			
	~	admission. If the minor			
		criteria for admission the			
		n the continued admission			
		he length of the authorized			
		d not to exceed 180 days.			
		gs shall be scheduled at the			
		ent authorized treatment			
	period, but no longer	than every 180 days.			

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B WING			07/05	E/2024	
		MHL090-195			1 07/05	5/2024	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA A <b>STY ROAD</b>	TE, ZIP CODE			
ANDERSO	ON HEALTH SERVICES-S	SIMMONS	LLE, NC 28103				
(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 SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE	
V 365	Continued From page (c) The responsible polerk, no later than 15 authorized admission the authorized admission. The clerk shall be held before the enadmission. (1987, c. 3) § 122C-224.5. Transported to a locatifacility for the purpose shall be provided und 122C-251. However, obtain permission fro provide transportation hearings. (1987, c. 3) § 122C-224.6. Treatmafter authorization for admission.  (a) Pending the initial authorization for furth or concurrence in admission.  (a) Pending the initial authorization for furth or concurrence in admission.  (b) The responsible provided and approvided transported to a locatifacility for the purpose shall be provided und 122C-251. However, obtain permission from provide transportation for furth or concurrence in admission.  (a) Pending the initial authorization for furth or concurrence in admission.  (b) The responsible provided approvided the specified approvided to the condition of the	rofessional shall notify the days before the end of the that continued stay beyond sion is recommended for the calendar the rehearing to do f the current authorized 370, s. 1.)  cortation.  for a minor to be ion other than the treating end a hearing, transportation ler the provisions of G.S. the 24-hour facility may must be court to routinely not minors to and from 70, s. 1.)  ment pending hearing and for concurrence in the hearing and after ler diagnosis and evaluation, mission, the responsible minister to the minor copriate medication and sistent with accepted and consistent with Article 3 of coropriate conditions. It is grounds for return of cour facility. A law	V 365				
	reasonable and approtreatment that is considered standards and this Chapter.  (b) The responsible primor conditionally for days on specified approviolation of the conditionally for the minor to the 24-heroforcement officer, or the second standard	popriate medication and sistent with accepted and consistent with Article 3 of professional may release the reperiods not in excess of 30 propriate conditions. Itions is grounds for return of pour facility. A law on request of the grounds, shall take the minor into					

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STATEMEN	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			_	A. BOILDING.			
		MHL090-195	B. WING		07/0	5/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
ANDERSO	ON HEALTH SERVICES-S	SIMMONS	ASTY ROAD				
	I		LLE, NC 28103				
(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 SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE	
V 365	Continued From page	e 7	V 365				
	accordance with G.S.	. 122C-205. (1987, c. 370, s.					
	at any time that it is do no longer mentally ill no longer in need of to (b) The legally responsary time. The facility facility for 72 hours at discharge. If the respositives that the mind dangerous to himself petition for involuntary provisions of Part 7 or responsible profession is a substance abuse or others, he may file commitment under the Article. If an order aur minor under involuntatis issued, further treafollow the provisions is applicable. If an order the minor under involuntation is involved in the minor under involved in the client refuses and the client refuses continued treatment of 18, he shall be discharged. Article pursuant to an	arge a minor from treatment letermined that the minor is or a substance abuser, or reatment at the facility. In the facility at may hold the minor in the face for each of the request for consible professional or is mentally ill and or others, he may file a commitment under the fit fits Article. If the mal believes that the minor r and dangerous to himself a petition for involuntary e provisions of Part 8 of this thorizing the holding of the ary commitment procedures the term and holding shall of Part 7 or Part 8 whichever der authorizing the holding of					

Division of Health Service Regulation

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Division of Health Service Regulation

DIVISION	n Health Service Negu	ialion				
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
			B. WING			_,,
		MHL090-195	D. WING		07/0	5/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		1915-C H/	STY ROAD			
ANDERSO	ON HEALTH SERVICES-S	SIMMONS	LLE, NC 28103			
		WARSHVI				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF		DATE
IAG	THE COLUMN TOTAL	is in the international of the	IAG	DEFICIENCY)		
V 365	Continued From page	e 8	V 365			
	1002 - 000 1 2	. 100E o E00 o 0, 1007 o				
		; 1985, c. 589, s. 2; 1987, c.				
	370, s. 1.)					
	This Rule is not met	as evidenced by:				
		view and interviews, the				
		e a hearing was held by the				
		ounty in which the 24-hour				
		in 15 days of the day that the				
		he facility and within 24				
		n, the facility notified the				
		ounty where the facility was				
		r had been admitted and that				
	a hearing for concurre	ence in the admission must				
	be scheduled affecting	g 2 of 2 clients (#1, #2). The				
	findings are:					
	Review on 6-28-24 of	f Client #2's record revealed:				
	-Admitted 4-12-2	4.				
	-17 years old.					
	•	onduct Disorder, Major				
		Intermittent Explosive				
		on Deficit/Hyper Activity				
		* · · · · · · · · · · · · · · · · · · ·				
	Disorder, combined p					
	•	aring was 5-15-24.				
	-Judicial hearing	was 5-24-24.				
	<b>D</b>					
		f Client #3's record revealed:				
	-Admitted 4-9-24					
	-16 years old.					
	-Diagnoses of Co	onduct Disorder and				
	Unspecified Trauma-	and Stressor-Related				

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Disorder.

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE ( A. BUILDING:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		MHL090-195	B. WING		07	//05/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E, ZIP CODE		
ANDERSO	ON HEALTH SERVICES-S	SIMMONS	HASTY ROAD IVILLE, NC 28103			
(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 ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 365	-Judicial hearing Interview on 7-3-24 wrevealed: -The Psychiatric Facility (PRTF) had not 2023The admissions admitting clients to the The admissions getting judicial review responsibilityThe initial client April 8, 2024 and the the level II cottages are When Client #1 the facility the mistake They had taken Clients #2 and #3 we Level II, but the judge correct wayEveryone was readministration knows	aring was 5-15-24. was 5-24-24.  with the Residential Director  Residential Treatment ot had clients since early  department is used to e level II services. department had thought that was the guardian's  s in the PRTF started coming y had been leveled up from t the facility. was admitted from outside e was identified. to clients to court and re released back down to e let them be readmitted the  etrained so now all the steps to complete for 'F and what has to be done	V 365			

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