PRINTED: 08/19/2024 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED	
		MHL026-689	B. WING		R 08/15/2024	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
LUV-N-ARMS 6777 CANDLEWOOD DRIVE						
			/ILLE, NC 2831			
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 000	INITIAL COMMENTS		V 000			
	An annual and follow up survey was completed on August 15, 2024. 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 has a current census of 4. The survey sample consisted of audits of 3 current clients.					
V 121	V 121 27G .0209 (F) Medication Requirements		V 121			
	10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.					
	facility failed to obtain of 4 audited clients (#	as evidenced by: ews and interviews the drug regimen reviews for 2 and #2 who received ions. The findings are:				

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

(X6) DATE TITLE

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AND FEAR OF CONNECTION		BERTIN 10, WIGHT HOMBER	A. BUILDING: _		0011111	
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NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
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			EVILLE, NC 283			
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V 121	Continued From page	e 1	V 121			
V 121	Finding #1 Review on 08/13/24 or revealed: -14 year old maleAdmission date of 10 -Diagnoses of Oppos Severe, Attention Det (ADHD)No drug regimen reve 6 months. Review on 8/13/2 of or regimen revealed: -Clonidine 0.2mg (mil mouth at bedtime one -Fluoxetine 20mg Takmorning once daily (I -Guanfacine 1 mg Takmorning (ADHD).	of client #1's record 0/24/23. itional Defiant Disorder ficit Hyperactivity Disorder riew documented in the past client #1's current drug lligram) Take 1 tablet by be daily (ADHD). se 1 capsule by mouth in the Depression). se 1 tablet by mouth in the Take 1 tablet by mouth once).	V 121			
	-14 year old male.					
	Disorder current epis Conduct Disorder add	combined type, Bipolar ode depressed mild,				
	Review on 08/13/24 oregimen revealed: -Quetiapine 200mg T daily (bipolar and dep	ke 1 tablet by mouth twice a				

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-Divalproex 500mg Take 1 tablet by mouth once

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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MHL026-689		B. WING		08/15/2024	
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ome.	6777 CAN	DLEWOOD DR	IVE		
KIVIS	FAYETTE	/ILLE, NC 2831	14		
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPLE	
Continued From page	2	V 121			
daily (bipolar) -Hydroxyzine 25mg G daily as needed for ar -Lithium Carbonate 30 mouth every day at be -Lithium Carbonate 45 mouth every day in th During interview 08/13 Professional revealed -She had attempted to the pharmacistThe pharmacist was for the drug regimen r -She would create a f the pharmacist with a medication for the pharmacist on the pharmacist with a	pive 1 tablet by mouth twice exiety. Domg Give 2 tablets by edtime (schizophrenia) Somg Give 1 tablet by emorning. 3/24 the Associate : o get the information from unsure of what was needed eview. Form that could be signed by list of the clients current armacist to sign.				
Staffing 10A NCAC 27G .1704 REQUIREMENTS (a) A qualified profes telephone or page. A able to reach the facilitimes. (b) The minimum nur required when childre present and awake is (1) two direct caone, two, three or four (2) three direct for five, six, seven or adolescents; and	MINIMUM STAFFING sional shall be available by direct care staff shall be ity within 30 minutes at all mber of direct care staff n or adolescents are as follows: are staff shall be present for r children or adolescents; care staff shall be present eight children or	V 296			
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From page daily (bipolar) -Hydroxyzine 25mg G daily as needed for ar -Lithium Carbonate 45 mouth every day at be -Lithium Carbonate 45 mouth every day in th During interview 08/13 Professional revealed -She had attempted to the pharmacistThe pharmacist was for the drug regimen r -She would create a fe the pharmacist with a medication for the pha This deficiency constit and must be corrected 27G .1704 Residential Staffing 10A NCAC 27G .1704 REQUIREMENTS (a) A qualified profess telephone or page. A able to reach the facil times. (b) The minimum nur required when childre present and awake is (1) two direct ca one, two, three or four (2) three direct for five, six, seven or adolescents; and	ROVIDER OR SUPPLIER STREET ADI SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 daily (bipolar) -Hydroxyzine 25mg Give 1 tablet by mouth twice daily as needed for anxiety. -Lithium Carbonate 300mg Give 2 tablets by mouth every day at bedtime (schizophrenia) -Lithium Carbonate 450mg Give 1 tablet by mouth every day in the morning. During interview 08/13/24 the Associate Professional revealed: -She had attempted to get the information from the pharmacist. -The pharmacist was unsure of what was needed for the drug regimen review. -She would create a form that could be signed by the pharmacist with a list of the clients current medication for the pharmacist to sign. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. 27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and	ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STA 6777 CANDLEWOOD DRI FAYETTEVILLE, NC 283* SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 daily (bipolar) -Hydroxyzine 25mg Give 1 tablet by mouth twice daily as needed for anxietyLithium Carbonate 300mg Give 2 tablets by mouth every day at bedtime (schizophrenia) -Lithium Carbonate 450mg Give 1 tablet by mouth every day in the morning. 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		MHL026-689	B. WING		08/1	5/2024
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
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V 296	Continued From page	3	V 296			
	nine, ten, eleven or to adolescents. (c) The minimum nur during child or adoles follows: (1) two direct cand one shall be awa children or adolescent (2) two direct cand both shall be awa children or adolescent (3) three direct of which two shall be asleep for nine, ten, eadolescents. (d) In addition to the care staff set forth in IRule, more direct care the facility based on the individual needs as splan. (e) Each facility shall supervision of children are away from the face	mber of direct care staff scent sleep hours is as are staff shall be present ke for one through four tts; are staff shall be present ake for five through eight sts; and care staff shall be present awake and the third may be eleven or twelve children or minimum number of direct Paragraphs (a)-(c) of this e staff shall be required in he child or adolescent's pecified in the treatment be responsible for ensuring n or adolescents when they cility in accordance with the individual strengths and				
	reviews, the facility fa	n, interviews and record illed to ensure that two direct nt when clients were at the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN OF CORRECTION IDENTIFICATION		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED		
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NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE			
		6777 CA	NDLEWOOD DR	VF			
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		FAIEU	EVILLE, NC 203				
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		,		DEFICIENCY)			
V 296	Continued From page	e 4	V 296				
	Observation on 08/13	8/24 at approximately					
	9:30am revealed:	or 24 at approximatery					
	*****	client #3 and client #4 were					
	present inside the fac						
		staff inside the facility with					
	the 4 clients.	y stair inside the facility with					
	tric + dicrits.						
	During interview on 0	8/13/24 client #1 revealed:					
	-He had lived at the facility for almost a yearDuring 1st shift they have one staff in the						
		y would go to the office.					
	morning because the	y would go to the office.					
	During interview on 0	8/13/24 client #2 revealed:					
	During interview on 08/13/24 client #2 revealed:						
	-He had lived at the facility for 1 1/2 yearsThe facility had one staff on the morning shift						
	because they go to the						
	because they go to the	ie oliice.					
	During interview on 0	5/13/24 client #3 revealed:					
	-He had lived at the facility for 4 monthsOne staff worked during the morning shift.						
	-One stall worked dur	ring the morning stillt.					
	During interview on 0	8/13/24 staff #1 revealed:					
	-She worked 1st shift						
		ity in the morning and they					
	leave at 10:00am and	, ,					
	leave at 10.00am and	a go to the office.					
	During interview on 0	8/14/24 the Associate					
	Professional revealed						
		o the facility she had "run					
	out to the store."	o the lacility she had full					
		the facility in the mornings.					
	-One was normally at	the facility in the monnings.					
	During interview on 0	8/14/24 the Qualified					
	Professional/License						
		o 3 staff on each shift.					
	-During the summer the clients would go to the						
	office each day.						
			1				

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