Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					С	
		MHL042-087	B. WING		1	0/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	ORESS CITY S	STATE, ZIP CODE		
		289 WADE				
FAMILY A	ADVANTAGE, LLC		ID NECK, NO	27874		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	-S	V 000			
	30, 2024. The comp (Intake # NC00219) This facility is licens	was completed on September blaint was unsubstantiated 358). Deficiencies were cited. sed for the following service C 27G .1700 Residential cure for Children or				
	This facility is licensed for 4 and has a current census of 3. The survey sample consisted of audits of 2 current clients and 1 former client.					
V 105	27G .0201 (A) (1-7)	Governing Body Policies	V 105			
	POLICIES  (a) The governing by facility or service show written policies for the content of the face (2) criterial for admission assess (A) who will perform (B) time frames for (5) client record may (A) persons authoricy (B) transporting record (C) safeguard of reduction of the content of t	anagement authority for the illity and services; ssion; arge; ssments, including: a the assessment; and completing assessment. nagement, including: zed to document; ords; cords against loss, tampering, by unauthorized persons; cord accessibility to all times; and infidentiality of records.				

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		OATE SURVEY COMPLETED	
	MHL042-087		B. WING		C <b>09/30/2024</b>		
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADD		DRESS CITY S	STATE, ZIP CODE			
		289 WADE		TATE, ZII COBE			
FAMILY A	ADVANTAGE, LLC		ID NECK, NO	27874			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BI		(X5) COMPLETE DATE	
V 105	Continued From pa	ge 1	V 105				
	SCOTLANI  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE	SURVEY PLETED
			A BOLDING.			C
		MHL042-087	B. WING			30/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
FAMILY A	ADVANTAGE, LLC	289 WAD		2.07074		
	Г	TEMENT OF DEFICIENCIES	ND NECK, NO		PECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 105	Continued From pa	ige 2	V 105			
	failed to implement policy. The findings  Review on 9/16/24 revealed:  - A Search & Sei "Staff may search a space if they have it that policy or facility brokenSituations	eview and interview, the facility their search and seizure are:  of the facility's records  izure Policy dated 11/17/20: a client or the client's private reasonable cause to believe y rule has been justifying a search may necessarily limited to the				
	<ul> <li>Client #3 &amp; forr marijuana pens</li> <li>He could tell cli because they had "</li> <li>The staff could high</li> </ul>	4 client #1 reported: mer client (FC) #4 vaped lient #3 & FC #4 were high lazy eyes" tell client #3 & FC #4 were FC #4 and checked the				
	- Got drugs from when - FC #4 admitted friend - Staff saw FC # took him outside to - Don't know if F	4 client #3 reported: FC #4 but he couldn't recall It to getting the drugs from a 4 high in the facility and they talk about it C #4 was searched vs on 9/20/24 & 9/26/24 with				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
MUI 045		MUI 042 007	B WING		00/2	
	MHL042-087		D. WING		09/3	0/2024
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
FAMILY A	ADVANTAGE, LLC	289 WADE		27074		
	OLIMA AA DV OTA		ID NECK, NO		1011	0.45
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 105	Continued From pa	ge 3	V 105			
	admitted in a hospit restricted without proclinician. Attempted with the hospital clin because the hospit phone calls prior to Interview on 9/19/2- FC #4 didn't hat FC #4 smoked	sessful because FC #4 was tal and phone calls were rior approval from the hospital contact on 9/20/24 & 9/26/24 nician were unsuccessful al clinician didn't return any the exit of the survey.  4 FC #4's guardian reported: ve a history of drug use vape pens but didn't do drugs ne vape pens FC #4 smoked a or tobacco				
	- Staff could only and then call the portion of the	allowed to search clients ask clients about contraband blice #4 was using drugs "the entire in the facility)" d contraband items that she d vape pens from FC #4 d both marijuana and tobacco #4 nelled like marijuana but he e influence about his drug use when  4 staff #2 reported: der the influencelooked high				
	<ul> <li>&amp; his eyes were red" a few times last year (2023)</li> <li>&amp; this year (2024)</li> <li>She called the Qualified Professional (QP)</li> <li>and completed an incident report when she saw</li> <li>FC #4 high</li> <li>Didn't conduct a search because staff "can't just say we have suspicion and search</li> </ul>					

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL042-087			WING		) 0/2024
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	TATE, ZIP CODE	1 03/3	0/2024
FAMILY A	ADVANTAGE, LLC	289 WADE SCOTI AN	ROAD  NECK, NO	: 27874		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROFICE OF THE APPROPROPROPROPROPROPERTY)	D BE	(X5) COMPLETE DATE
V 105	client with it  Interview on 9/6/24  - He suspected of drugs  - Staff caught clie and threw them away  - Staff "usually ju #4) about drug use  - Staff could ask couldn't search them  Interviews on 9/6/24  reported:  - Suspected FC and drugs in the facility  - Suspected FC and drugs in the facility  - Suspected FC and drugs in the facility  - Staff could sear clients was there are consent  - Instructed staff	the QP reported: client #3 & FC #4 were using ent #3 & FC #4 with vape pensely st talk to them (client #3 & FC the clients about drugs but	V 105			
V 298	) 27G .1706 Residen Operations 10A NCAC 27G .17 (a) Each facility sha of 12 children and a	06 OPERATIONS all serve no more than a total	V 298			

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5N5Y11 If continuation sheet 5 of 7

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
	MHL042-087		B. WING		09/3	0/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
FAMILY A	ADVANTAGE, LLC	289 WADE	_			
	Г		ID NECK, NO			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
V 298	Continued From pa	ge 5	V 298			
	persons shall be invinorder to assure a restrictive setting. (c) The residential shall coordinate wit to ensure that the comet as identified in the treatment plan. able to attend school coordinate services alternative learning job placement. (d) Psychiatric conneeded for each chield or each chield or six months or uryear, whichever is left (f) Each child or adage-appropriate perentitlement is count plan. (g) Each facility shall	volved in development of plans a smooth transition to a less treatment staff secure facility the the local education agency hild's educational needs are the child's education plan and Most of the children will be ol; for others, the facility will across settings such as programs, day treatment, or a sultation shall be available as ild or adolescent. It has his 18th birthday while in the facility, he may remain till the end of the state fiscal				
	failed to coordinate	et as evidenced by: view and interview, the facility with other professionals to 1 of 1 former client (FC #4).				
	Review on 9/6/24 of FC #4's record revealed: - Admitted 8/2/24 & discharged 8/26/24 - Diagnoses of Major Depressive Disorder Recurrent Severe with Psychosis, Generalized					

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		D WING			
MHL042-087	B. WING		09/30/2024	1	
STREET ADD	ORESS, CITY, S	STATE, ZIP CODE			
	_				
	ID NECK, NO		1		
NT OF DEFICIENCIES BE PRECEDED BY FULL NTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE COMP	LETE	
	V 298				
tion-Deficit/Hyperactivity					
Local Management ganization (LME/MCO)  ed that he suspected FC m his mother during tensee to contact child of on 8/30/24 the Licensee the next tensee stated that he clicensee again and the ation" about contacting tensee contacted CPS for 2/30/24 the Licensee  was "getting drugs from the exaccusation" of drug use and the exaccusation" of drug use and the exaccusation of drug use and the exaccus					
	STREET ADI  289 WADE  SCOTLAN  T OF DEFICIENCIES BE PRECEDED BY FULL NTIFYING INFORMATION)  Tion-Deficit/Hyperactivity  Local Management ganization (LME/MCO)  ed that he suspected FC in his mother during  ensee to contact child ) on 8/30/24 the Licensee the next ensee stated that he licensee again and the tion" about contacting ensee contacted CPS for  30/24 the Licensee  was "getting drugs from 's mother and she accusation" of drug use and the e knew about FC #4's  LME/MCO representative FC #4's mother ecause he "didn't have FC #4] got drugs from his	STREET ADDRESS, CITY, S  289 WADE ROAD SCOTLAND NECK, NO T OF DEFICIENCIES BE PRECEDED BY FULL NTIFYING INFORMATION)  Local Management ganization (LME/MCO)  ed that he suspected FC in his mother during ensee to contact child on 8/30/24 the Licensee the next ensee stated that he licensee again and the tion" about contacting ensee contacted CPS for  30/24 the Licensee  was "getting drugs from "s mother and she accusation" of drug use and the e knew about FC #4's  LME/MCO representative FC #4's mother ecause he "didn't have FC #4] got drugs from his	STREET ADDRESS, CITY, STATE, ZIP CODE  289 WADE ROAD  SCOTLAND NECK, NC 27874  T OF DEFICIENCIES BE PRECEDED BY FULL WITHYING INFORMATION)  CROSS-REFERENCED TO THE APPROP DEFICIENCY)  V 298  ID PREFIX TAG  PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)  V 298  V 298  Iden-Deficit/Hyperactivity  Local Management Janization (LME/MCO)  and that he suspected FC In his mother during ensee to contact child 0 on 8/30/24 the Licensee the next ensee stated that he icensee again and the tion" about contacting ensee contacted CPS for  30/24 the Licensee  was "getting drugs from  's mother and she accusation" of drug use and the accusation" of drug use and the whew about FC #4's  LME/MCO representative FC #4's mother ecause he "didn't have EC #4] got drugs from his	STREET ADDRESS, CITY, STATE, ZIP CODE  289 WADE ROAD SCOTLAND NECK, NC 27874  T OF DEFICIENCIES BE PRECEDED BY FULL V 298  T OF DEFICIENCY  T	

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