Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL001-169	B. WING		F 11/2	₹ 5/2024
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	•	
		111 DOG	WOOD DRIVI			
JUST IN	TIME YOUTH SERVIC	BURLING	TON, NC 27	215		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	TIVE ACTION SHOULD BE CED TO THE APPROPRIATE	
V 000	INITIAL COMMENT	-s	V 000			
		w up survey was completed 024. Deficiencies were cited.				
	category: 10A NCA	sed for the following service C 27G .1300 Residential s for Children & Adolescents.				
		sed for 6 and has a current urvey sample consisted of				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	only be administered order of a person and drugs. (2) Medications shat clients only when and client's physician. (3) Medications, incommendation administered only bunlicensed persons pharmacist or other privileged to prepare (4) A Medication Administered only bunlicensed persons pharmacist or other privileged to prepare (4) A Medication Administered order immediated MAR is to include the (A) client's name; (B) name, strength, (C) instructions for a (D) date and time the	inistration: non-prescription drugs shall d to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the sluding injections, shall be y licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. Iministration Record (MAR) of led to each client must be kept administered shall be lely after administration. The				

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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) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL001-169	B. WING		l l	R 25/2024
NAME OF PROVIDER OR SUPPLIER JUST IN TIME YOUTH SERVICES II BURLINGTON, NC 27215						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE LE APPROPRIATE	(X5) COMPLETE DATE
V 118	checks shall be rec	ge 1 for medication changes or orded and kept with the MAR appointment or consultation	V 118			
	This Rule is not met as evidenced by: Based on observation, record reviews and interview, the facility failed to have updated physician's orders affecting two of three audited clients (#2 and #3) and failed to ensure medication was available for administration affecting two of three audited clients (#2 and #3). The findings are:					
	-Admission date of -Diagnoses of Inter Attention Deficit Hy Combined Presenta Moderate and Gene -Physician order da milligram (mg), spra as neededPhysician order da	For client #2's record revealed 7/4/22. mittent Explosive Disorder; peractivity Disorder, ation: Intellectual Disability, eralized Anxiety Disorder. ted 8/24/23 for Valtoco 15 ay one spray on each nostril ted 1/19/24 for Bromphen, every six hours as needed for				
	revealed: -Valtoco 15 mg was -Bromphen 5 ml wa Review on 11/25/24					

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AND DUAN OF CODDECTION IN IDENTIFICATION NUMBER:	LE CONSTRUCTION :	(X3) DATE SURVEY COMPLETED	
A. BUILDING	•	R	
MHL001-169 B. WING		11/25/2024	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY,	STATE, ZIP CODE		
JUST IN TIME YOUTH SERVICES II 111 DOGWOOD DRIV BURLINGTON, NC 27			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	
revealed: -Valtoco was listed on the MAR, but was not marked as administeredBromphen was listed on the MAR, but was not marked as administered. Review on 11/25/24 of www.webmd.com revealed: -Valtoco was used to treat episodes of seizures in adults and children 6 years and olderBromphen was used to treat symptoms caused by the common cold, flu, allergies, or other breathing illnesses. -Physician order for client #2's Valtoco was expiredClient #2's Bromphen was not available at the facility. Review on 11/25/24 of client #3's record revealed: -Admission date of 2/16/23Diagnosis of Conduct Disorder, Childhood onset typePhysician order for Hydroxyzine 25 mg, take 1 tablet by mouth twice daily as needed for agitation/aggression/anxiety was not availablePhysician order dated 3/3/23 for EpiPen, inject 0.3 ml by intramuscular route as needed for anaphylaxis. Review on 11/25/24 of client #3's medications revealed: -Hydroxyzine 25 mg was available but had a dispensing date of 3/3/23EpiPen was available but had an expiration date of August, 2024. Review on 11/25/24 of client #3's MAR's for September 2024 through November 2024			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		7. BOILDING.		R		
		MHL001-169	B. WING			5/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
JUST IN	TIME YOUTH SERVICE	CES II 111 DOGV	VOOD DRIVE	≣		
	TIME TOOTH OLIVIN	BURLING	TON, NC 27	215		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 3	V 118			
	-Hydroxyzine was listed on the MAR, but was not marked as administeredEpiPen was not listed on the MAR.					
	revealed: -Hydroxyzine was used tension caused conditionsEpiPen was used treactions, also known	. ,				
	 -Client #3's Hydroxyzine and EpiPen were available, but packages had expired. -Physician order for Hydroxyzine was not available. 					
	revealed: -He did not like who medications "as ne knew it was only an they would refuse they would refuse they would refuse they expersed that they expireClient #2 had beer January for a cough went away, he did reductor never discorrections #2 had not he talked to client #4 to discontinue itClient #3 had not he Hydroxyzine. He was discontinue the me-Client #3 had not he	en clients were prescribed eded" (PRN), because clients a "as needed medication" and hem. Clients would say "they ad to discard the PRN's, r used them. Staff would forget a prescribed Bromphen back in a that he had. Once the cough not need it anymore. His attinued the medication. The head to use Valtoco. A discard the need to take the as going to have his doctor dication. The head for the EpiPen, he pharmacy to have new				

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	PROVIDER OR SUPPLIER	ees II 111 DOG	DDRESS, CITY, S WOOD DRIVE GTON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 118		the facility failed to keep orders and to have	V 118			
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a safe manner and shall b odor. This Rule is not me Based on observatifailed to ensure the	l its grounds shall be e, clean, attractive and orderly e kept free from offensive	V 736			
	10:00 am of the factorist Floor: -Hall Bathroom about 3 inches wide the tub. Section of formal stairway: The carpet was holes along the edgheads observed at support at the factorist and the factorist and the factorist and the factorist and the factorist	There was a hole on the floor and 2 inches deep in front of flooring was soft/rotten. worn out/old. It had several les. It was dirty/stained. Nail every step. It bulbs from ceiling light were the common on the stairs that was locked. But the plastic runner. Exercise were from when the stairs				

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		MHL001-169	B. WING			R 2 5/2024
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 111 DOGWOOD DRIVE BURLINGTON, NC 27215						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 736	Interview on 11/25/2 revealed: -Facility was in the repairsThey were in the p from the stairsThey were going to downstairs bathroo -He was not aware upstairs hallway we them changedHe acknowledges	24 with the Program Director process of making some rocess of changing the carpet o change/fix the floor in the	V 736			

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