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
	MHL0601491	A. BUILDING: _____ B. WING _____	01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHOOSING CHANGE RESIDENTIAL SERVICES, LLC	6333 FRESH WIND AVENUE CHARLOTTE, NC 28212

(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual survey was completed on January 15, 2025. 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 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112	RECEIVED FEB 10 2025 DHSR-MH Licensure Sect	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Simone Reaves TITLE Owner (X6) DATE 2-5-25

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to document treatment strategies to address the needs of 2 of 3 audited clients (Client #1 and Client #3). The findings are: Review on 1/15/25 of Client #1's record revealed: -Admission date of 4/30/24. -Diagnoses of Disruptive Mood Dysregulation Disorder (DMDD), Post-Traumatic Stress Disorder (PTSD), and Attention-Deficit Hyperactivity Disorder-inattentive type (ADHD). Review on 1/15/25 of Client #1's Person-Centered Plan dated on 12/8/24 revealed: -"[Client #1] struggles with peer negative peer interaction." -"[Client #1] continues to struggle with her anxiety on a daily basis ...often finds herself worrying about peers in the group home setting." -No residential staff strategies to address Client #1's struggle with peer interactions and her daily struggle with anxiety. Reviews on 1/13/25 and 1/14/25 of Client #3's record revealed: -Admission date of 11/25/24. -Diagnoses of ADHD and Oppositional Defiant Disorder (ODD). Review on 1/9/25 of Client #3's Person-Centered	V 112	Facility will document treatment strategies to address the needs of all consumers and updated on a monthly basis. Group Home QP [redacted] will be assigned to overseeing this task	1-23-25

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V 112	Continued From page 2 Plan dated 12/23/24 revealed: -"Per [Client #3] work on anxiety and making safe decisions" was a goal Client #3 identified. - On 12/13/24 Client #3 eloped from the facility due to being "overwhelmed." -No residential staff strategies to address Client #3's feelings of being overwhelmed and prevent a recurrence of elopement from the facility. Interview on 1/13/25 with the Qualified Professional revealed: -Duties included staff supervision and training to "make sure (residential) staff are providing interventions according to each girl's (client's) treatment plan. -Attended treatment team meetings. -Wrote client treatment plans in coordination with each client's treatment team. -Was contacted by the Owner/Facility Director about Client #1 and Client #3 having eloped on 1/12/25. -Client #1 did not have a history of elopement and was working on her goal to address anxiety issues. -Client #3's elopement on 1/12/25 was a second occurrence. -At a scheduled staff meeting on 1/14/25, he planned to emphasize to all staff to have one-on-one time with each client to ensure each client felt heard with their feelings and concerns. -Agreed that residential staff strategies needed to be included in each client's treatment plan.	V 112		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not	V 117		

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V 117	Continued From page 3 dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure all pharmacy-dispensed medications included packaging with the required label information for medication administration. The findings are: Observation on 1/9/25 at 3:50 pm of Client #3's prescribed medication revealed: -11/5/24 Physician-ordered	V 117	Facility will ensure that all pharmacy dispensed medications have packaging and label information for medication when they arrive at facility. Choosing Change Director will be in change of overseeing this task. [redacted]	1-23-25

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V 117	Continued From page 4 Clindamycin-Phosphate 1% topical solution (acne) and Azelastine 0.1% nasal spray (allergies) were missing a complete label with the full, current dispensing date and clear directions for administration. -No packaging with a pharmacy label for the Clindamycin-Phosphate and Azelastine. Interview on 1/15/25 with Staff #5 revealed: -Client #3 brought the Clindamycin-Phosphate and Azelastine without a box or other type of packaging to the facility at her admission on 11/25/24. Interview on 1/15/25 with the Owner/Director revealed: -She would follow up with each client's referral source or pharmacy to address the medication labeling issue moving forward.	V 117		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept	V 118		

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V 118	Continued From page 5 current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review, observation and interview, a MAR of all drugs administered to each client must be kept current. The findings are: Reviews on 1/13/25 and 1/14/25 of Client #3's record revealed: -Admission date of 11/25/24. -Diagnoses of ADHD and Oppositional Defiant Disorder (ODD). -No physician order for Epinephrine injection pen. -11/21/24 physician-ordered Polyethylene Glycol 3350 Powder (constipation) for administration at 9 am (morning), mix with 17 grams in 8 oz (ounce) water or juice and drink by mouth every hour until pass clear, watery stool for procedure. -11/21/24 physician-ordered Docusate Sodium 100 milligrams (mg), twice daily for constipation.	V 118	Facility will request that prior placement provide orders for all medication that they send with consumer as well as administering instructions. If administering information is not clear facility will contact prescriber for clarity before administering Choosing Change Director will be in change of overseeing this task. [redacted]	1-23-25

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V 118	Continued From page 6 Observation on 1/9/25 at 3:50 pm of Client #3's medications revealed: -Epinephrine injection pen in a medication box with dispense date of 3/13/24 and written label directions to inject 1 pen as needed (PRN) for anaphylaxis and may repeat 15 minutes as needed. -Two containers of Polyethylene Glycol 3350 Powder with first container dispensed on 8/14/24 which indicated to administer as needed and the second container dispensed on 10/31/24 to administer every hour with mixture of 17 grams in 8 oz (ounce) water or juice and drink by mouth every hour until pass clear, watery stool for procedure. Review on 1/15/25 of Client #3's MAR for November 2024, December 2024 and January 2025 revealed: -Epinephrine injection pen was not listed on Client #3's MARs for the review months. -Polyethylene Glycol powder with no clear instructions for administration and one administration dosage time of am. This medication was staff initialed as administered every morning for the review months. -Client #3 was administered Docusate Sodium twice daily in addition to the Polyethylene Glycol powder. Interview on 1/15/25 with the Owner/Director revealed: -Client #3's medications came with her to the facility on her 11/25/24 admission. -She thought the Polyethylene Glycol powder was administered PRN by staff to Client #3. -She would contact the physician to obtain clarification on the administration instruction of Polyethylene Glycol powder and whether Client #3 needed to continue with both prescribed	V 118		

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V 118	Continued From page 7 medications for constipation.	V 118		