

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-959	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/21/2025
NAME OF PROVIDER OR SUPPLIER PRECIOUS HAVEN #3 COMET		STREET ADDRESS, CITY, STATE, ZIP CODE 975 COMET CIRCLE FAYETTEVILLE, NC 28314		
(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	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on March 21, 2025. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the</p>	V 118		

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

TITLE

(X6) DATE

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V 118	<p>Continued From page 1</p> <p>drug.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to keep the MARs current affecting 2 of 3 clients (#1 and #3). The findings are:</p> <p>Finding #1: Review on 3/19/25 of client #1's record revealed: - 15 year old. - Admission date of 2/18/25. - Diagnoses included Post-Traumatic Stress Disorder (PTSD), Attention Deficit Hyperactivity Disorder(ADHD), and Conduct Disorder.</p> <p>Review on 3/19/25 of physician orders for client #1 dated 10/15/24 revealed: - Cetirizine (treats seasonal allergies) 20 milligrams (mg) - 1 tablet (tab) daily.</p> <p>Review on 3/19/25 of client #1's February 2025 MAR revealed the following blanks: - Cetirizine 20 mg - 2/25/25 and 2/26/25 at 7pm.</p> <p>Finding #2: Review on 3/19/25 of client #3's record revealed: - 16 year old. - Admission date of 2/5/25. - Diagnoses included ADHD, PTSD, Disruptive Mood Dysregulation Disorder (DMDD), and Major</p>	V 118			

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V 118	<p>Continued From page 2</p> <p>Depressive Disorder.</p> <p>Review on 3/19/25 of physician orders for client #3 dated 2/03/25 revealed::</p> <ul style="list-style-type: none"> - Bupropion (treats depression) 300mg - 1 tab daily. - Divalproex (treats seizures) 500mg - 1 tab twice daily. - Fluoxetine (treats depression) 20mg - 1 capsule (cap) daily. - Vitamin D3 (treats vitamin D deficiency) 5000IU - 1 cap daily except weekends. - Cetirizine 10mg - 1 tab daily. - Divalproex 250mg - 1 tab every evening. - Ziprasidone (antipsychotic) 40mg - 1 cap daily. - Guanfacine (treats ADHD) 2mg - 1 tab daily. - Fluticasone Nasal Spray (treats seasonal allergies) 50 micrograms (mcg) - 2 sprays in each nostril daily. <p>Review on 3/19/25 of client #3's February 2025 through March 2025 MARs revealed the following blanks:</p> <ul style="list-style-type: none"> - Bupropion 300mg - 2/1/25 - 2/7/25, 2/19/25, 3/1/25, and 3/2/25 at 7am. - Divalproex 500mg - 2/1/25 - 2/7/25, 2/19/25, 3/1/25, and 3/2/25 at 7am. - Divalproex 500mg - 2/1/25 - 2/7/25 at 7am. - Divalproex 250mg - 2/1/25 - 2/6/25 at 7pm - Fluoxetine 20mg - 2/1/25 - 2/7/25, 2/19/25, 3/1/25, and 3/2/25 at 7am. - Vitamin D3 5000IU - 2/1/25 - 2/7/25, 2/19/25, 3/1/25, 3/2/25, and 3/17/25 at 7am. - Cetirizine 10mg - 2/1/25 - 2/7/25, 2/19/25, 3/1/25, and 3/2/25 at 7am. - Ziprasidone 40mg - 2/1/25 - 2/6/25 at 7pm - Guanfacine 2mg - 2/1/25 - 2/6/25 at 7pm - Fluticasone Nasal Spray 50mcg - 2/1/25 - 2/6/25 at 7pm. 	V 118		

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V 118	Continued From page 3 Interviews on 3/19/25 client #1 and client #3 stated: -They received their medications daily as prescribed by their physician. -They had not missed any medications. Interview on 3/19/25 the Qualified Professional stated: -The clients received their medications daily. -He would review with staff to ensure staff followed proper documentation protocol. Due to the failure to accurately document medication administration it could not be determined if client #1 and #3 received their medications as ordered by the physician. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118			
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of	V 120			

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V 120	<p>Continued From page 4</p> <p>controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure medications were stored separately for 2 of 3 clients (#1 and #3). The findings are:</p> <p>Review on 3/19/25 of client #1's record revealed: - 15 year old. - Admission date of 2/18/25. - Diagnoses included Post-Traumatic Stress Disorder (PTSD), Attention Deficit Hyperactivity Disorder(ADHD), and Conduct Disorder.</p> <p>Review on 3/19/25 of client #3's record revealed: - 16 year old. - Admission date of 2/5/25. - Diagnoses included ADHD, PTSD, Disruptive Mood Dysregulation Disorder (DMDD), and Major Depressive Disorder.</p> <p>Observation on 3/19/25 between 1:00pm - 1:30pm of client #3's medications revealed: -Client #1's Triamcinolone Acetonide Cream 0.1%.</p> <p>Interview on 3/19/25 the Qualified Professional stated: -He would review with staff to ensure staff followed proper storage protocol.</p>	V 120		