STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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		MHL026-673	B. WING		03/2	1/2025
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
PRECIO	JS HAVEN, INC		AND DRIVE VILLE, NC 2			
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	-S	V 000			
	An annual and follow up survey was completed on March 21, 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 currently has a census of 4. The survey sample consisted of audits of 3 current clients.					
V 112	27G .0205 (C-D) Assessment/Treatn	nent/Habilitation Plan	V 112			
	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 responsibl(4) a schedule for responsible	e; review of the plan at least				
	responsible person (5) basis for evalua outcome achievement	ation or assessment of ent; and				
	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.					

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

TITLE (X6) DATE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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MHL026-673		B. WING		03/2	1/2025	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PRECIO	US HAVEN, INC		AND DRIVE			
	Г		VILLE, NC 2		011	
(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 SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
V 112	facility failed to dev	et as evidenced by: views and interviews the elop and implement goals and one of three audited clients	V 112			
	 - 14 year old. - Admission date of - Diagnoses include Dysregulation Disorder, and Disorder. 	ed PTSD, Disruptive Mood rder (DMDD), Generalized nd Oppositional Defiant				
	Plan (PCP) last upo	of client #2's Person Centered dated 2/12/25 revealed no related to an Anorexia				
	dated 12/19/24 reverse - "Reviewed Proble Onset: 12/19/2024." - HPIEating disord months. Restricts in during the day. Weif no weight loss. Stilbs." - "Physical Exam	of medical appointment notes ealed: msAnorexia nervosaEating disorder - Onset: der noticed for the last 3 ntake, exercises frequently ighs daily and becomes upset ates she wants to weigh 87 General Appearance: General: well nourished, and no acute				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
MHL026-673		B. WING		R 03/21/2025			
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
			AND DRIVE				
PRECIO	JS HAVEN, INC	FAYETTE	VILLE, NC 2	8314			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE	
V 112	Continued From pa	ge 2	V 112				
V 112	distress." - Client #2's height inches tall (37th per Client #2's weight 2 ounces (21st perc "[Client #2] preser (eating disorder) - r Interview on 3/19/25 - The food at the fargets enough to eat. - Sometimes she is feel like eating more like eating like	was listed as 5 foot and 2 reentile). was listed as 96 pounds and centile). Its with symptoms of an ED reeds to be evaluated." 5 client #2 stated: cility has been fine and she just not hungry and doesn't e than one serving of food. 6 Qualified Professional #1 en to a medical appointment in as to why the medical facility with Anorexia Nervosa, as ssues with client #2's eating by from the December 2024 ed client #2 to a follow up local endocrinologist. with the endocrinologist was upleted several days after the appointment had been st identified a thyroid condition and client #2 was placed on st never mentioned anything	VIIZ				

DIVISION	of Health Service Re	guiation				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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			AND DRIVE			
PRECIO	JS HAVEN, INC		VILLE, NC 2			
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V 114	Continued From pa	ge 3	V 114			
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114			
	AND SUPPLIES (a) Each facility sha and a disaster plan these plans availab to the county emerg request. The plans procedures and rou (b) The plans shall and evacuation proposted in the facility. (c) Fire and disaste shall be held at least repeated for each so Drills shall be condisimulate the facility' emergencies.	gency services agencies upon shall include evacuation ites. be made available to all staff cedures and routes shall be r drills in a 24-hour facility st quarterly and shall be hift.				
	This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were held at least quarterly and repeated on each shift. The findings are: Review on 3/21/25 of the facility's documented fire and disaster drills for 1/1/24 - 12/30/24 revealed: - First quarter (1/1/24 - 3/31/24); no fifth shift fire drill documented.					

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- Second quarter (4/1/24 - 6/30/24); no fifth shift

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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		
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PRECIO	JS HAVEN, INC		VILLE, NC 2			
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V 114	Continued From pa	ge 4	V 114			
	fire or disaster drill documented Third quarter (7/1/24 - 9/30/24); no fifth shift fire drill documented.					
	Interview on 3/19/29 - She was uncertained the facility.	5 client #1 stated: n how long she had been at				
	 She had participated in fire and disaster drills. She was uncertain how often they were completed. She would go across the street during a fire drill and take cover in the hall during a tornado drill. 					
	Interview on 3/19/25 client #2 stated: - She had been at the facility for 8 months She had participated in fire and disaster drills She was uncertain how often they were completed She was uncertain how often they are completed.					
	and take cover in the hall during a tornado drill. Interview on 3/19/25 client #4 stated: - She had just arrived at the facility "the other					
	day." - She had not compyet, as she had just	eleted any fire or disaster drills arrived.				
	Interview on 3/19/29 - Fire and disaster of and covered 3 shifts	drills were completed monthly				
	- Fire and disaster of and covered all shift					
	- There were five shifts Monday - Friday (7am - 3pm, 3pm - 11pm, and 11pm - 7am) Saturday and Sunday (7am - 7pm and 7pm - 7am).					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					3) DATE SURVEY COMPLETED	
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		MHL026-673	B. WING		03/2	1/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
PRECIO	JS HAVEN, INC		AND DRIVE			
040.15	CUIMMA DV CTA		VILLE, NC 2		DNI .	0(5)
(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 SHOUL CROSS-REFERENCED TO THE APPROFILIENCY)	D BE	(X5) COMPLETE DATE
V 114	Continued From pa	ge 5	V 114			
V 120	stated: - Fire and disaster of month and all shifts - There were five sl - Monday - Friday (*) 11pm - 7am) Saturday and Sun 7am).	nifts. 7am - 3pm, 3pm - 11pm, and day (7am - 7pm and 7pm -	V 120			
V 120	27G .0209 (E) Med	ication Requirements	V 120			
	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 controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.					
	This Rule is not me	et as evidenced by:				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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V 120	Based on observati interviews, the facili medications were s audited clients (#1 a Review on 3/21/25 - 13 year old Admission date of - Diagnoses include Disorder (PTSD) ar Review on 3/21/25 - 14 year old Admission date of - Diagnoses include Dysregulation Disor Anxiety Disorder, and Disorder. Observation on 3/2 11:00am of client #2 - Client #2's Cetirizi medication. Interview on 3/21/25 stated:	on, record review and ty failed to ensure tored separately for 2 of 3 and #2). The findings are: of client #1's record revealed: 1/28/25. ed Post-Traumatic Stress and Adjustment Disorder. of client #2's record revealed: 8/12/24. ed PTSD, Disruptive Mood and Oppositional Defiant 1/25 between 10:30am - 1's medications revealed: ne 10 milligram (mg) 5 the Qualified Professional #2	V 120			

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