

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-991	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2025
NAME OF PROVIDER OR SUPPLIER BROTHERS HELPING HANDS OF N.C.		STREET ADDRESS, CITY, STATE, ZIP CODE 3033 ROSEMEADE DRIVE FAYETTEVILLE, NC 28306		
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V 000	INITIAL COMMENTS An annual 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 has a current census of 3. 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		

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

TITLE

(X6) DATE

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on records reviews and interview, the facility failed to have an annually updated treatment plan with written consent or agreement by the client's legal guardian of responsible party affecting 3 of 3 audited clients (#1, #2 and #3). The findings are:</p> <p>Review on 3/20/25 of Client #1's record revealed: -Admission date of 1/11/24. -Diagnoses of Major Depressive Disorder, Severe, Recurrent without Psychotic Features, Post-Traumatic Stress Disorder (PTSD) Unspecified, Conduct Disorder Unspecified Onset, Attention Deficit Hyperactivity Disorder (ADHD) Combined Presentation. -Treatment plan dated 3/1/24. -There was not an updated signature or written consent from the guardian or responsible party on Client #1's treatment plan.</p> <p>Review on 3/20/25 of Client #2's record revealed: -Admission date of 10/2/23. -Diagnoses of PTSD, Oppositional Defiant Disorder (ODD), ADHD. -Treatment plan dated 9/19/23. -There was not an updated signature or written consent from the guardian or responsible party on Client #2's treatment plan.</p> <p>Review on 3/20/25 of Client #3's record revealed:</p>	V 112		

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V 112	Continued From page 2 -Admission date of 2/19/24. -Diagnoses of PTSD, ODD, ADHD. -Treatment plan dated 1/31/24. -There was not an updated signature or written consent from the guardian or responsible party on Client #3's treatment plan. Interview on 3/21/25 with the Owner revealed: -The Qualified Professional was responsible for completing the clients' treatment plan. -He was under the impression that the client's physician needed to sign the treatment plan to make it legal. -They had sent in the paperwork to the clients' physicians and were awaiting for them to be returned. -He acknowledged Clients #1, #2 and #3's treatment plans had not been completed and updated annually.	V 112		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan;	V 113		

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STATE FORM

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V 113	Continued From page 4 Oppositional Defiant Disorder. -Client #3 had a legal guardian. -There was no signed consent from client #3's legal guardian that granted permission to seek emergency care. Interview on 3/21/25 with the Owner revealed: -The consent for emergency care form was part of the admission paperwork. -The form was initially sent to Client #3's legal guardian to be signed; but somehow, it was not received back and they oversaw that it was missing. -They would have the consent for emergency care form signed by his legal guardian. -He acknowledged client #3 did not have a signed consent to seek emergency treatment.	V 113		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit	V 114		

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V 114	<p>Continued From page 5</p> <p>accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were conducted quarterly and on each shift. The findings are:</p> <p>Review on 3/20/25 of the facility's fire drills log from March 2024 through March 2025 revealed: -There was no documentation that a fire drill was conducted for the 3rd shift for the 2nd quarter (April, May, June) of 2024. -There was no documentation that a fire drill was conducted for the 3rd shift for the 3rd quarter (July, August, September) of 2024. -There was no documentation that a fire drill was conducted for the 3rd shift for the 4th quarter (October, November, December) of 2024.</p> <p>Review on 3/20/25 of the facility's disaster drills log from March 2024 through March 2025 revealed: -There was no documentation that a disaster drill was conducted for the 1st and 3rd shift for the 2nd quarter (April, May, June) of 2024. -There was no documentation that a disaster drill was conducted for the 1st and 3rd shift for the 3rd quarter (July, August, September) of 2024. -There was no documentation that a disaster drill was conducted for the 1st and 2nd shift for the 4th quarter (October, November, December) of 2024.</p> <p>Interview on 3/21/25 with Client #1 revealed:</p>	V 114		

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V 114	<p>Continued From page 6</p> <ul style="list-style-type: none"> -He had been at the facility for about 1 year and 2 months. -He could not remember if the facility had had fire or disaster/tornado drills. <p>Interview on 3/21/25 with Client #2 revealed:</p> <ul style="list-style-type: none"> -He was the first client at the facility when it opened. -He did not know if the facility had completed any fire drills but stated that it was not needed as they had a fire extinguisher in the house. -He was not able to say what he needed to do in the event of a fire. -He reported that they have had no disaster/tornado drills. <p>Interview on 3/21/25 with Client #3 revealed:</p> <ul style="list-style-type: none"> -He had been at the facility for about a year. -The facility sometime completed fire drills. -For fire drills, they were instructed to go outside to the mailbox. -He could not remember if the facility had completed a disaster drill. -When asked if he could describe what to do in the event of a tornado, Client #3 replied, "I guess protect yourself." <p>Interview on 3/21/25 with the Owner revealed:</p> <ul style="list-style-type: none"> -The facility operated under three shifts. First shift was from 8:00 am to 4:00 pm. Second shift was from 4:00 pm to 12:00 am. Third shift was from 12:00 am to 8:00 pm. -He was under the impression that the facility only needed to complete three fire drills and one disaster drill per quarter. -He was not aware that they needed to complete one fire and disaster drill per shift, per quarter. -He would revise the fire and disaster drills schedule to reflected state mandates. -He acknowledged the facility failed to ensure fire 	V 114		

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V 114	Continued From page 7 and disaster drills were completed quarterly on each shift.	V 114		
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 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.	V 118		

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V 118	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on records reviews and interview, the facility failed to ensure MARs were kept current and medications were administered on the written order of a person authorized by law to prescribe medications affecting 3 of 3 audited clients (#1, #2 and #3). The findings are:</p> <p>Review on 3/20/25 of Client #1's record revealed: -Admission date of 1/11/24. -Diagnoses of Major Depressive Disorder, Severe, Recurrent without Psychotic Features, Post-Traumatic Stress Disorder (PTSD) Unspecified, Conduct Disorder Unspecified Onset, Attention Deficit Hyperactivity Disorder (ADHD) Combined Presentation. -Physician's order dated 3/22/24 for Guanfacine 3 milligrams (mg), take one tablet by mouth every morning. -Physician's order dated 10/22/24 for Escitalopram 20 mg, take one tablet by mouth every day.</p> <p>Observation on 3/20/25 of Client #1's medications revealed: -All medications were available.</p> <p>Review on 3/20/25 of Client #1's March 2025 MAR revealed: -No staff initials to indicate medication was administered for the following: -Guanfacine 3 mg on 3/20/25 at 8:00 am. -Escitalopram 20 mg on 3/20/25 at 8:00 am.</p> <p>Review on 3/20/25 of www.webmd.com revealed: -Guanfacine was used for the treatment of ADHD. -Escitalopram was commonly used to treat</p>	V 118		

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V 118	<p>Continued From page 9</p> <p>depression and anxiety.</p> <p>Review on 3/20/25 of Client #2's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 10/2/23. -Diagnoses of PTSD, Oppositional Defiant Disorder (ODD), ADHD. -Physician's order dated 12/22/23 for Aripiprazole 2 mg, take one tablet by mouth daily (Expired.) -Physician's order dated 7/22/24 for Divalproex Sodium 500mg, take two tablets (1000 mg) by mouth nightly. -Physician's order dated 10/22/24 for Atomoxetine 40 mg, take one capsule by mouth every morning. <p>Observation on 3/20/25 of Client #2's medications revealed:</p> <ul style="list-style-type: none"> -Client #2's medications were packaged in weekly "bubble packs." -Client #2's Aripiprazole 2 mg and Atomoxetine 40 mg were available. -There were two Divalproex Sodium 500mg tablets (1000 mg) available for each weeknight. <p>Review on 3/20/25 of Client #2's March 2025 MAR revealed:</p> <ul style="list-style-type: none"> -No staff initials to indicate medication was administered for the following: <ul style="list-style-type: none"> -Aripiprazole 2 mg on 3/20/25 at 8:00 am. -Atomoxetine 40 mg on 3/20/25 at 8:00 am. -Instructions for Divalproex Sodium 500 mg indicated: "Take '1' tablet (500 mg) by mouth nightly." <p>Review on 3/20/25 of www.webmd.com revealed:</p> <ul style="list-style-type: none"> -Aripiprazole was used to treat bipolar I disorder (manic-depressive illness), major depressive disorder, and schizophrenia. -Divalproex Sodium was used to treat seizures and as a mood stabilizer. 	V 118		

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V 118	<p>Continued From page 10</p> <p>-Atomoxetine was used to treat ADHD.</p> <p>Review on 3/20/25 of Client #3's record revealed: -Admission date of 2/19/24. -Diagnoses of PTSD, ODD, ADHD. -Physician's order dated 2/28/24 for Risperidone .05 mg, take one tablet twice a day (Expired.) -Physician's order dated 3/22/24 for Atomoxetine 80 mg, take one capsule each morning. -Physician's order dated 10/22/24 for Hydroxyzine 25 mg, take one tablet each morning and one tablet each afternoon at 4:00 pm.</p> <p>Observation on 3/20/25 of Client #3's medications revealed: -All medications were available.</p> <p>Review on 3/20/25 of www.webmd.com revealed: -Risperidone was used to treat schizophrenia, bipolar disorder, or irritability associated with autistic disorder. -Hydroxyzine was used to control anxiety and tension caused by nervous and emotional conditions.</p> <p>Interviews on 3/21/25 with clients #1, #2 and #3 revealed: -They never had any issues in receiving their medications.</p> <p>Interview on 3/21/25 with the facility's Pharmacist revealed: -Client #2's Depakote had increased to 1000 mg. -Two Depakote 500 mg tablets were being placed inside Client #2's bubble packs for each night.</p> <p>Interview on 3/21/25 with the Owner revealed: -Staff were supposed to sign in their initials when giving medications right after the client took them. -He was not aware that staff had not signed in</p>	V 118		

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V 118	Continued From page 11 their initials on 3/20/25 for the client's morning medications. -He was not aware that Client #2's physician orders for Aripiprazole 2 mg had expired and needed an updated one. -He was not aware that Client #3's physician orders for Risperidone .05 mg had expired and needed an updated one. -He would review the medication administration procedures with facility staff. -The dosage for Client #2's Depakote had changed a few months ago, but the MAR remained the same. -Staff would make the changes on Client #2's MAR by scratching the Depakote dosage of one tablet and writing two tablets instead each month. "Staff must had forgotten to make the changes this month." -He acknowledged that staff at the facility failed to maintain the MAR current. Due to the failure to accurately document medication administration, it could not be determined if the clients received medication as ordered by their physician.	V 118		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interviews, the facility and grounds were not maintained in a safe, clean, attractive, and orderly manner. The	V 736		

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V 736	<p>Continued From page 12</p> <p>findings are:</p> <p>Observation on 3/20/25 at approximately 11:30 AM revealed:</p> <p>Kitchen/Dining area:</p> <ul style="list-style-type: none"> -The dining table was not stable. -One of the chairs was unstable when sat on due to a missing wooden connector piece between the front and back right legs. <p>Bathroom 1 (hallway):</p> <ul style="list-style-type: none"> -Paint was peeling (approximately 10" long) on the wall above the acrylic shower stall but below the shower head. -Paint was peeling (approximately 9" long) behind the toilet. <p>Hallway:</p> <ul style="list-style-type: none"> -There was a discolored area on the carpet approximately 3"x 6". <p>Bathroom 2 (adjacent to client #1's bedroom):</p> <ul style="list-style-type: none"> -The plastic cover piece for the faucet handle was missing. -One of four light bulbs above the vanity was missing. -The hot/cold water was reversed (faucet turned to the left produced cold water, and turned to the right produced hot water) on the faucet. <p>Client #2's bedroom:</p> <ul style="list-style-type: none"> -There were two stained patches on the carpet, one had a discoloration approximately 3"x 5", and one red/green stain approximately 4"x 5". <p>Client #3's Bedroom:</p> <ul style="list-style-type: none"> -There was a hole approximately 2"x3" in one wall and a dent approximately 1"x2" in the opposite wall. 	V 736		

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V 736	<p>Continued From page 13</p> <p>-One of four light sockets missing on the ceiling fan/light fixture with exposed wires.</p> <p>Exterior of the facility:</p> <p>-The gate to the backyard was only attached to the surrounding fence by its top hinge.</p> <p>-The fence surrounding the gate was missing seven pieces.</p> <p>-Six pieces of the house siding had paint bubbling on the surface and were soft to the touch.</p> <p>-There were 10 broken fence pieces ranging from approximately 1' to 2 1/2' long on the ground.</p> <p>-There was 1 piece of broken glass approximately 2"x2" on the ground.</p> <p>-There were 14 missing and/or broken fence pieces around the backyard.</p> <p>-There was damage appearing to be dry rot to the bottom left side of the back door frame.</p> <p>Interview on 3/20/25 with the Residential Administrator revealed:</p> <p>-Client #2 has a history of physical aggression and hitting the walls when upset.</p> <p>-Was aware of the holes in the wall and they were to be repaired this weekend.</p> <p>-She was aware of the damage to the backyard fence, the siding on the back of the house, and the door frame on the back of the house.</p> <p>-She was not aware of the multiple pieces of broken wood, and the piece of broken glass in the yard.</p> <p>-Their "handy man" was supposed to come to the facility this weekend to provide an estimate for the needed repairs.</p> <p>-She confirmed the facility was not maintained in a safe, clean, attractive, and orderly manner.</p> <p>Interview on 3/21/25 with the Owner revealed:</p> <p>-He was aware of the issues with the table and chair in the kitchen/dining area.</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-991	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/21/2025
NAME OF PROVIDER OR SUPPLIER BROTHERS HELPING HANDS OF N.C.		STREET ADDRESS, CITY, STATE, ZIP CODE 3033 ROSEMEADE DRIVE FAYETTEVILLE, NC 28306		
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V 736	Continued From page 14 -The residents had damaged them and they have not had time to repair/replace them yet. -He was aware of the damage to the gate, fence, and the house's siding in the backyard. He reported that they are supposed to get an estimate for the repairs this coming weekend. -He was made aware of the damage to client #3's walls and ceiling fan, as well as the faucet in bathroom 2. The repairs have begun on these. -He confirmed the facility was not maintained in a safe, clean, attractive, and orderly manner.	V 736		