

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-376 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED R 04/03/2025 |
| NAME OF PROVIDER OR SUPPLIER NO LIMITS RESIDENTIAL CARE, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 208 LONGCREEK ROAD BESSEMER CITY, NC 28016 | | |
| (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, complaint and follow up survey was completed on 4/3/25. The complaint was unsubstantiated (Intake #NC00227206). 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 3. The survey sample consisted of audits of 2 current clients and 1 former client.</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> | 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>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications as ordered by the physician and maintain an accurate MAR affecting 1 of 2 current audited clients (Client #1). The findings are:</p> <p>Review on 3/27/25 and 4/2/25 of Client #1's record revealed: - Admission date 7/12/23; - Age 18 years old; - Diagnoses Post Traumatic Stress Disorder, Antisocial Personality, Historic Personality Oppositional Deficit Disorder, Disruptive Mood Dysregulation - Physician Order dated 3/6/25 Lamotrigine (mood disorder) 100 milligrams (mg), Take 1 tablet by mouth twice a day.</p> <p>Review on 3/27/25 of Client #1's MAR from January 1, 2025- March 27, 2025 revealed: - Documentation of Lamotrigine 100 mg being administered once daily (instead of twice daily).</p> <p>Interview on 3/27/25 with Client #1 revealed: - Received medication daily from staff;</p> | V 118 | | | |

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| V 118 | Continued From page 2 - Staff administered medications daily; - Denied missing doses of medication. Interview on 3/27/25 and 4/2/25 with the Associate Professional/Owner revealed: 3/27/25: - Client #1 was administered her medication twice daily; - QP was responsible for updating the MAR; - Would talk with the registered nurse about completing the MAR; 4/2/25: - Registered Nurse was responsible for the MAR; - Registered Nurse updated the MAR to reflect the medication (Lamotrigine) administered twice daily. Due to the failure to accurately document medication administration, it could not be determined if client received her medication as ordered by the physician. | V 118 | | | |
| V 131 | G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. | V 131 | | | |

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| V 131 | <p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the North Carolina Health Care Personnel Registry (HCPR) was accessed prior to hire for 3 of 4 audited staff (Staff #1, Associate Professional (AP)/Owner, Qualified Professional (QP)). The findings are:</p> <p>Review on 3/27/25 of Staff #1's personnel record revealed: - Hire date 1/20/24; - No evidence that the HCPR was accessed.</p> <p>Review on 3/27/25 of the AP/Owner's personnel record revealed: - Hire date 1/25/22; - HCPR accessed on 4/21/22.</p> <p>Review on 3/27/25 of the QP's personnel record revealed: - Hire date 1/25/22; - HCPR accessed on 4/25/22.</p> <p>Interview on 4/2/25 with the AP/Owner revealed: - QP was responsible for accessing the HCPR; - Was not aware the HCPRs were not accessed; - Will ensure HCPR is accessed prior to hire for all new staff moving forward.</p> | V 131 | | |