

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411270	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/20/2025
NAME OF PROVIDER OR SUPPLIER BRIDGE 2 SUCCESS GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 902 KROLL LANE HIGH POINT, NC 27260		
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 5/20/25. The complaint was substantiated (intake #NC229335). 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 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients and 2 former 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>	V 118		

RECEIVED

JUN 04 2025

DHSR-MH Licensure Sect

Division of Health Service Regulation

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

Lekupha Arpaunelo

TITLE

5/29/2025

(X6) DATE

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V 118	<p>Continued From page 1</p> <p>(E) name or initials of person administering the 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 review and interviews, the facility failed to ensure medications were administered on a written order of a person authorized by law to prescribe medications and failed to keep current the MAR for all drugs administered affecting 1 of 3 clients (Client #1). The findings are:</p> <p>Review on 5/14/25 of Client #1's record revealed:</p> <ul style="list-style-type: none"> -Date of admission: 6/10/24. - Age: 14 -Diagnoses: Generalized Anxiety Disorder; Attention-Deficit Hyperactivity Disorder; Post-Traumatic Stress Disorder; and Disruptive Mood Dysregulation Disorder -Physician-ordered medications: <ul style="list-style-type: none"> - 12/17/24, Guanfacine Extended Release 1 milligram (mg): take one tablet every evening for impulse control. - 12/17/24, Hydroxyzine 25 mg: take 1 tablet by mouth 2 times daily for anxiety. - 12/17/24, Lithium Carbonate 300 mg: take one tablet by mouth twice daily for mood. - 12/17/24, Mirtazapine 15 mg: take one tablet by mouth once daily in the evening for sleep. - 12/17/24, Olanzapine 5 mg: Dissolve 1 tablet on 	V 118		

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V 118	<p>Continued From page 2</p> <p>tongue twice daily for mood.</p> <p>Review on 5/15/25 of client #1's May 2025 MAR revealed:</p> <ul style="list-style-type: none"> - Guanfacine Extended Release on 5/4/25 had a circle around staff initials at 10 pm and on 5/5/25 had a circle around staff initials at 10 pm. - Hydroxyzine on 5/4/25 was blank at 8:00 am and had a circle around staff initials at 8:00 pm. On 5/5/25 had a circle around staff initials at 8:00 pm and on 5/6/25 had a circle around staff initials at 8:00 am. - Lithium Carbonate on 5/4/25 was blank at 8:00 am and on 5/4/25 had a circle around staff initials at 8:00 pm. On 5/6/25 had a circle around staff initials at 8:00 am. - Mirtazapine on 5/4/25 had a circle around staff initials at 10 pm and on 5/5/25 had a circle around staff initials at 10 pm. - Olanzapine on 5/4/25 was blank at 8:00 am and on 5/4/25 had a circle around staff initials at 8:00 pm. On 5/6/25 had a circle around staff initials at 8:00 am. <p>Interview on 5/15/25 with client #1 revealed:</p> <ul style="list-style-type: none"> - Prior to being hospitalized on 5/6/25 she had gone without her medications "for a while." - She could not recall the names of her medications but knew that she took 5 medications "at night"; 1 medication at "5:00" and 3 medications "in the morning." - During that time when she had not received her medications, "I have mood swings and when I don't have my meds I become more meaner." <p>Interview on 5/15/25 with the Licensee/Director revealed:</p> <ul style="list-style-type: none"> - The circle around staff initials meant that client did not receive medication. - On 5/4/25 client #1 was out of the following 	V 118			

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V 118	Continued From page 3 medications: of Lithium, Hydroxyzine, Guanfacine, Mirtazapine and Olanzapine - On 5/5/25 she left a voicemail with client #1's doctor stating that client #1 was out of her medications. - On 5/5/25 she also talked to the pharmacy technician to let him know that client #1 was out of her medications. Interview on 5/19/25 with the Pharmacy Technician revealed: - On 5/5/25 he had not received a call from the Licensee/Director about client #1 needing refills on her medications. - "Normally she reaches out if there is an issue." - The facility had received a 30 day supply of client #1's medications on 4/10/25 at 3:07 pm. - "The group home should have not been out of medications on 5/4/25."	V 118		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or	V 296		

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BRIDGE 2 SUCCESS GROUP HOME

902 KROLL LANE
HIGH POINT, NC 27260

This Rule is not met as evidenced by:
Based on record review and interviews, the facility failed to have two direct care staff present for up to four adolescents while the adolescents were awake or asleep affecting 3 of 3 clients (#1 - #3). The findings are:

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V 296	<p>Continued From page 5</p> <p>Review on 5/14/25 of Client #1's record revealed:</p> <ul style="list-style-type: none"> - Date of admission: 6/10/24. - Age: 14 - Diagnoses: Generalized Anxiety Disorder; Attention-Deficit Hyperactivity Disorder; Post-Traumatic Stress Disorder; and Disruptive Mood Dysregulation Disorder (DMDD) <p>Review on 5/14/25 of Client #2's record revealed:</p> <ul style="list-style-type: none"> - Date of admission: 4/22/25 - Age: 14 - Diagnoses: Post-Traumatic Stress Disorder and Anxiety <p>Review on 5/14/25 of Client #3's record revealed:</p> <ul style="list-style-type: none"> - Date of admission: 2/6/25 - Age: 16 - Diagnoses: Post-Traumatic Stress Disorder and DMDD <p>Review on 5/20/25 of the local police departments "Reporting Officer Narrative" revealed:</p> <ul style="list-style-type: none"> - Date/Time Reported: "Sunday 4/27/26 19:36 (7:36 pm)" - "At approximately 2108 Hours (9:08 pm), I responded to [nearby neighbor's home] in reference to a 14 year old female, identified as [client #1], had knocked on their door with a scratch on a her face and a bloody nose. I arrived on scene and [client #1] was speaking to her social worker...[Client #1] stated that she was involved in a physical altercation with another group home member, identified as [client #3]...I left [nearby neighbor's home] and arrived at 902 Kroll Ln. and made contact with [Licensee/Director]. [Licensee/Director] stated she had just arrived from [a local town approximately 1.5 hours away]." 	V 296		

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V 296	<p>Continued From page 6</p> <p>Review on 5/15/25 of Client #1's record revealed: - On 4/27/25 when she and client #3 got into a fight, staff #8 was the only staff working.</p> <p>Interview on 5/13/25 with client #2 revealed: - On 4/27/25 when a fight broke out between client #1 and client #3, staff #8 was the only staff at the facility.</p> <p>Interview on 5/13/25 with client #3 revealed: - She and client #1 got into a fight "3 weeks ago on a Sunday." - Staff #3 was the only staff working when the fight occurred.</p> <p>Interview on 5/19/25 with staff #8 revealed: - On 4/27/25 when a fight broke out between client #1 and client #3 she worked alone. - "It's not just me it is other staff who have worked alone."</p> <p>Interview on 5/14/24 with staff #7 revealed: - She normally worked on Fridays from 4:00 pm until midnight. - Since January 2025 she had worked alone when she worked on Friday. - "I just don't think she (the Licensee/Director) has enough staff."</p> <p>Interview on 5/19/25 with the Licensee/Director revealed: - She worked on 4/27/25 when the fight occurred between client #1 and client #3. - "I was sitting in the back when the fight occurred." - Staff #7 "has never worked alone." - Denied that staff worked alone. - "No mam. We have 2-3 staff here at all times."</p>	V 296		

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V 298	<p>27G .1706 Residential Tx. Child/Adol - Operations</p> <p>10A NCAC 27G .1706 OPERATIONS</p> <p>(a) Each facility shall serve no more than a total of 12 children and adolescents.</p> <p>(b) Family members or other legally responsible persons shall be involved in development of plans in order to assure a smooth transition to a less restrictive setting.</p> <p>(c) The residential treatment staff secure facility shall coordinate with the local education agency to ensure that the child's educational needs are met as identified in the child's education plan and the treatment plan. Most of the children will be able to attend school; for others, the facility will coordinate services across settings such as alternative learning programs, day treatment, or a job placement.</p> <p>(d) Psychiatric consultation shall be available as needed for each child or adolescent.</p> <p>(e) If an adolescent has his 18th birthday while receiving treatment in the facility, he may remain for six months or until the end of the state fiscal year, whichever is longer.</p> <p>(f) Each child or adolescent shall be entitled to age-appropriate personal belongings unless such entitlement is counter-indicated in the treatment plan.</p> <p>(g) Each facility shall operate 24 hours per day, seven days per week, and each day of the year.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the</p>	V 298		

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V 298	<p>Continued From page 8</p> <p>facility failed to operate 24 hours per day, seven days per week, and failed to coordinate services for 1 of 2 former clients (FC) #4. The findings are:</p> <p>Review on 5/14/25 of Client #1's record revealed:</p> <ul style="list-style-type: none"> - Date of admission: 6/10/24. - Age: 14 - Diagnoses: Generalized Anxiety Disorder; Attention-Deficit Hyperactivity Disorder; Post-Traumatic Stress Disorder (PTSD); and Disruptive Mood Dysregulation Disorder (DMDD) <p>Review on 5/14/25 of FC #4's record revealed:</p> <ul style="list-style-type: none"> - Date of admission 12/2/24 - Discharge date: 4/21/25 - Age: 12 - Date of admission: Attention-deficit Hyperactivity Disorder, Combined Type; PTSD and DMDD <p>Finding #1</p> <p>Interview on 5/14/25 with client #3 revealed:</p> <ul style="list-style-type: none"> - She had been told prior to her living in the group home, client #1 and FC #4 stayed at staff #3 and staff #7's home. - Client #1 and FC #4 "said that [the Licensee/Director] approved it." <p>Interview on 5/16/25 with FC #4 revealed:</p> <ul style="list-style-type: none"> - She stayed at staff #3's home during Christmas 2024. - She and client #1 stayed there "one night and then we went back to the group home." - Her Department of Social Services (DSS) legal guardian (LG) approved her stay at staff #3's home. <p>Interview on 5/15/25 with client #1 revealed:</p> <ul style="list-style-type: none"> - She stayed at staff #3's home during Christmas 	V 298		

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V 298	<p>Continued From page 9</p> <p>2024.</p> <ul style="list-style-type: none"> - She could not recall how many nights she stayed in staff #3's home over Christmas 2024. - The Licensee/Director asked her DSS LG if she could stay with staff #3 during Christmas 2024. <p>Interview on 5/14/25 with FC #4's DSS LG revealed:</p> <ul style="list-style-type: none"> - She approved for FC #4 to stay with the facility staff during Christmas 2024. - The staff kept asking if FC #4 had any respite for Christmas. <p>Interview on 5/15/25 with client #1's DSS LG revealed:</p> <ul style="list-style-type: none"> - She had approved client #1 to stay with staff over the Christmas 2024. - "I know she (client #1) has stayed with [Licensee/Director] quite a few times so I would assume it was [Licensee/Director] (where client #1 stayed over Christmas break 2024)." - "[Licensee/Director] and I discussed the idea of [client #1] staying with staff over the holidays and I approved it. [The Licensee/Director] asked about respite for [client #1] and I said that was not an option." <p>Interview on 5/14/25 with staff #7 revealed:</p> <ul style="list-style-type: none"> - She and staff #3 shared a home together. - During Christmas 2024 client #1 and FC #4 stayed at the home she shared with staff #3 for "2-3 days." - "[Staff #3] made the arrangements with [the Licensee/Director] for them (client #1 and FC #4) to stay at the home over Christmas (2024)." <p>Interview on 5/16/25 with staff #3 revealed:</p> <ul style="list-style-type: none"> - Client #1 and FC #4 stayed with her "1 or 2 nights" during Christmas 2024. - "[Licensee/Director] or the AP (associate 	V 298		

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V 298	<p>Continued From page 10</p> <p>professional] asked at the time if anyone wanted the girls for Christmas. It was the AP before [former AP]."</p> <p>Interview on 5/19/25 with the Licensee/Director revealed:</p> <ul style="list-style-type: none"> - The Qualified Professional approved for client #1 and FC #4 to stay with staff #3 and staff #7 during Christmas 2024. - Client #1 and FC #4 stayed at staff #3 and staff #7's home "2 nights." <p>Finding #2</p> <p>Interview on 5/15/25 with client #1 revealed:</p> <ul style="list-style-type: none"> - On 4/27/25 she and client #3 got into a fight. After the fight she stayed with the Licensee/Director and the former AP. - The week of 4/27/25 she "stayed more than one night with [Licensee/Director] (at the Licensee/Director's home)." She was not sure how many nights she stayed with the Licensee/Director. - She also stayed at the former AP's home that week as well but was unsure how many nights. <p>Interview on 5/15/25 with client #1's DSS LG revealed:</p> <ul style="list-style-type: none"> - After the 4/27/25 fight, client #1 stayed the night at the Licensee/Director's home. She was unsure exactly how many nights client #1 stayed at the Licensee/Director's home. - Client #1 also stayed with the former AP after the 4/27/25 fight. She was unsure exactly how many nights client #1 stayed at the former AP's home. <p>Interview on 5/16/25 with the former AP revealed:</p> <ul style="list-style-type: none"> - Client #1 stayed at her home from 4/29/25-5/1/25 after the 4/27/25. 	V 298		

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V 298	<p>Continued From page 11</p> <ul style="list-style-type: none"> - After the 4/27/25 fight, "...[Client #1] only stayed with me because we were unable to remove [client #1] immediately. They were looking for a crisis placement for her (client #1) and that didn't work out." - "It was [Licensee/Director's] idea for [client #1] to stay with me." <p>Interview on 5/19/25 with the Licensee/Director revealed:</p> <ul style="list-style-type: none"> - On 4/27/25, after the fight between client #1 and client #3 she called client #1's DSS LG, "to figure out how to keep [client #1] and [client #3] safe so they wouldn't fight anymore." - Client #1 "went home with me that night (4/27/25) with her guardian's permission." - Client #1 also stayed at her home on 4/28/25. - After client #1 stayed with her, client #1 stayed at the home of the former AP, but she was not sure how many nights. - "The LP (Licensed Professional) said [client #1] needs to remain in the facility and learn how to cope with her placement." <p>Finding #3</p> <p>Interview on 5/16/25 with FC #4 revealed:</p> <ul style="list-style-type: none"> - On 3/8/25 client #1 got into a fight with her as staff #4 and the former AP parked the car in the facility driveway. - She was sitting in the middle of the back seat of the car. Client #1 was seated to the right side of her and client #3 was seated to the left side. - The fight started after client #1 put trash in her lap and she gave her back the trash. "That is when [client #1] grabbed my eye." - Client #1 had long nails. - Her eye was scratched at first and "then it was a bruise after." - The staff led her and client #3 out of the car and 	V 298		

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V 298	<p>Continued From page 12</p> <p>stopped the fight.</p> <ul style="list-style-type: none"> - Did not recall seeing a doctor/medical provider after the fight about her eye. <p>Attempted interview on 5/15/25 with client #1</p> <ul style="list-style-type: none"> - She did not want to talk about FC #4 being in fights. <p>Interview on 5/19/25 with staff #4 revealed:</p> <ul style="list-style-type: none"> - On 3/8/25 she and former staff (FS) #14 returned from the park and the 3 clients (FC #4, client #1, and client #3) were in the back seat eating a snack. - When they arrived in the facility driveway FC #4 told client #1 she forgot her trash and client #1 threw the bag of trash in FC #4's face. Then FC #4 threw the bag back at FC #4. - She and FS #14 pulled each client out of the car to stop the fight. - FC #4's left eye was bleeding and later her eye bruised. - She was not sure if FC #4 received medical attention after the fight because she worked a short shift of 4 hours that day. <p>Interview on 5/19/25 with the Licensee/Director revealed:</p> <ul style="list-style-type: none"> - After the 3/8/25 fight between FC #4 and client #1, FC #4 had a bruise under her eye. She did not recall which eye was bruised. - FC #4 did not receive medical attention after the 3/8/25 fight that left FC #4's eye bruised. - "It didn't bruise for a couple of days later. I came and checked it (FC #4's eye) out. I work in the health care field. I am a CNA (Certified Nursing Assistant)." 	V 298			
V 366	27G .0603 Incident Response Requirements	V 366			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411270	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/20/2025
NAME OF PROVIDER OR SUPPLIER BRIDGE 2 SUCCESS GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 902 KROLL LANE HIGH POINT, NC 27260		
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V 366	Continued From page 13 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record	V 366			

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V 366	Continued From page 14 by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to	V 366		

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V 366	<p>Continued From page 15</p> <p>three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Finding #1</p> <p>Based on record reviews, and interviews, the facility failed to implement written policies governing their response to level I incidents and the facility failed to report a Level II incident to the client's legal guardian as required. The findings are:</p> <p>Finding #1</p> <p>Review on 5/14/25 of Client #1's record revealed:</p> <p>-Date of admission: 6/10/24.</p> <p>-Diagnoses: Generalized Anxiety Disorder; Attention-Deficit Hyperactivity Disorder; Post-Traumatic Stress Disorder; and Disruptive Mood Dysregulation Disorder</p>	V 366		

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V 366	<p>Continued From page 16</p> <ul style="list-style-type: none"> -Physician-ordered medications: - 12/17/24, Guanfacine Extended Release 1 milligram (mg): take one tablet every evening for impulse control. - 12/17/24, Hydroxyzine 25 mg: take 1 tablet by mouth 2 times daily for anxiety. - 12/17/24, Lithium Carbonate 300 mg: take one tablet by mouth twice daily for mood. - 12/17/24, Mirtazapine 15 mg: take one tablet by mouth once daily in the evening for sleep. - 12/17/24, Olanzapine 5 mg: Dissolve 1 tablet on tongue twice daily for mood. <p>Review on 5/15/25 of client #1's May 2025 MAR revealed:</p> <ul style="list-style-type: none"> - Guanfacine Extended Release on 5/4/25 had a circle around staff initials at 10 pm and on 5/5/25 had a circle around staff initials at 10 pm. - Hydroxyzine on 5/4/25 was blank at 8:00 am and had a circle around staff initials at 8:00 pm. On 5/5/25 had a circle around staff initials at 8:00 pm and on 5/6/25 had a circle around staff initials at 8:00 am. - Lithium Carbonate on 5/4/25 was blank at 8:00 am and on 5/4/25 had a circle around staff initials at 8:00 pm. On 5/6/25 had a circle around staff initials at 8:00 am. - Mirtazapine on 5/4/25 had a circle around staff initials at 10 pm and on 5/5/25 had a circle around staff initials at 10 pm. - Olanzapine on 5/4/25 was blank at 8:00 am and on 5/4/25 had a circle around staff initials at 8:00 pm. On 5/6/25 had a circle around staff initials at 8:00 am. <p>Interview on 5/15/25 with client #1 revealed:</p> <ul style="list-style-type: none"> - Prior to being hospitalized on 5/6/25 she had gone without her medications "for a while." - She could not recall the names of her medications but knew that she took 5 	V 366		

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V 366	<p>Continued From page 17</p> <p>medications "at night"; 1 medication at "5:00" and 3 medications "in the morning."</p> <p>- During that time when she had not received her medications, "I have mood swings and when I don't have my meds I become more meaner."</p> <p>Interview on 5/15/25 with the Licensee/Director revealed:</p> <p>- On 5/4/25 and 5/5/25 client #1 was out of the following medications: of Lithium, Hydroxyzine, Guanfacine, Mirtazapine and Olanzapine.</p> <p>- She had not completed an internal incident report about client #1 not being administered her medications on 5/4/25, 5/5/25 and 5/6/25.</p> <p>Interview on 5/15/24 with client #1's Department of Social Services Legal Guardian revealed:</p> <p>- She had not been told by the facility staff that client #1 was out of her medications on 5/4/25.</p> <p>Finding #2</p> <p>Interview on 5/15/25 with client #1's school counselor revealed:</p> <p>- On 5/6/25, client #1 told him she wanted to kill herself and be with a friend who committed suicide.</p> <p>- Client #1 was picked up by a facility staff and taken to the hospital.</p> <p>Attempted interview on 5/15/25 with client #1</p> <p>- She did not want to talk about her recent hospitalization.</p> <p>Interview on 5/15/25 with the Licensee/Director revealed:</p> <p>- An incident report was not completed on 5/6/25 when client #1 threatened to self-harm and was taken to the hospital.</p>	V 366		

Bridge 2 Success Group Home

License # MHL-041-1270

Plan of Correction for Intake# NC00229335

Deficiency V298 27G.1706 Residential Tx. Child/Adol-Operations

Bridge 2 Success Group Home will not allow any of its consumers/clients to stay over night outside of the facility, Bridge 2 Success Group Home, with the exception of being on therapeutic leave with their guardian or family member whom is listed on their treatment plan and involved in their treatment plan/care. Bridge 2 Success Group Home will operate 24 hours 7 days per week and will do just that.

Bridge 2 Success Group Home Director will ensure that this deficiency is corrected within 60 days or July 19,2025.

Measures that will be put in place to correct the deficient area of practice are as follows: Staff are informed during orientation/new hire training that at no time staff are allowed to give permission for consumers/clients to go out on leave or stay over night outside of the facility. The group home director will be the person in charge of approving any over night stays/therapeutic leaves to ensure that only the proper and approved person are being allowed to take a consumer or client out on therapeutic leave/over night stays. This will also be updated in the group home policies.

The measures that will be put in place to prevent this problem from reoccurring again are as follows: The Director will be the person in whom will give permission for any over night stays or therapeutic leaves, and all therapeutic leaves must be requested and approved 48 hours in advance.

The group home director will be the person whom will monitor this situation to ensure that it will not occur again.

The monitoring will take place each time there a request for a therapeutic leave or at least every 90 days, which ever comes first.

Deficiency V 118 27G.0209 (c) Medication Requirements

1. Bridge 2 Success Group Home will only allow prescriptions or non prescription drugs can be administered, but only with a written order from a person who is authorized by law to prescribe drugs.
2. Bridge 2 Success Group Home will only allow clients/consumers to self administer when authorized in writing by the clients physician.
3. Bridge 2 Success will not administer medications including injections, unless being administered by a licensed person, or a unlicensed person trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medication.
4. Bridge 2 Success Group Home will have on site a Medication Administration Record (MAR) of all drugs administered to each client and will keep the Medication Administration Record current. Bridge 2 Success Group Home will ensure that all medications administered be recorded immediately after administration. The Medication Administration Record will include the following:
 - a. Client name
 - b. Name, strength, and quantity of the drug;
 - c. Instruction for administering the drug;
 - d. Date and time the drug is administered; and
 - e. Name and initials of the person administering the drug
5. Bridge 2 Success Group Home will record and keep recorded on file all medication changes or checks requested by the client, these will be kept on file with the Medication Administration Record (MAR) file followed up by an appointment or consultation with a physician.

Thee time frame in which this deficiency will be correct is 60 day or by July 19,2025.

The measures in which will be put in place to correct the deficiency is the Director will be responsible for ensuring and monitoring that all the components of the medication requirements of 10ANCAC 27G.0209 (c) are being followed on a daily basis, to prevent this problem from happening again. Staff will also be required to email a photo of each consumer MAR to the company email which goes directly to the Director, in which will assure that each consumer are receiving their medication and the documentation is being completed on the MAR. Also staff has been retrained on what is required when administering medications in a level 3 group home residential facility. The Group Home Director will monitor Medication Administration Record at least two times per week.

Medication Administration training has been scheduled for all new hires and on a Monthly basis to all staff of bridge 2 success staff to ensure that no staff goes without the proper training and knowledge of the medication administration requirements.

Deficiency V 296 27G .1704 Residential Tx. Child /Adol-Min Staffing

The time frame for Bridge 2 Success Group Home deficiencies to be corrected and in compliance is 60 days or July 19, 2025.

The measures in which will be put in place to ensure that the minimum staffing requirements are met daily on each shift for Level 3 Residential Treatment Facility is that two staff must and will be scheduled on each shift as well as a QP must be available for crisis and emergencies, Bridge 2 Success Group Home also have implanted 2 additional staff to be on call to work shifts if we should have any call outs or any staff who should not show up for their shift.

The AP will be responsible for adequately staffing each shift according to the minimum requirements of a Level 3 Residential Treatment Facility, With the QP looking over the schedule to ensure that shifts have been staff adequately.

The monitoring will take place weekly as schedules are developed and posted for employees.

Deficiency V 366 .0603 Incident Response Requirements

The timeframe in which Bridge 2 Success Group Home will ensure that the facility is in compliance and this deficiency is corrected in 60 days or July 19,2025.

The measures that will put into place to correct the deficiencies are as follows:

Bridge 2 Success Group Home will implement written policies governing the group home response to Level 1 incidents, as well as immediately notify the consumers LME/MCO, update the consumer/client treatment plan, if different from the reporting provider, notify the legal guardian of the client, notify any other authority as required by law.

When a consumer refuses medication or at any other time medication has not been administered an incident report must be completed.

Whenever a consumer is has received any medical treatment other than a routine scheduled appointment an incident report must be completed.

Bridge 2 Success Group Home will investigate all incidents to determine how the incident happened/what caused the incident and What measures can be put n place to ensure that the same incident does not happen again.

The Director will be responsible for ensuring that all incidents are investigated, making sure that all incident reports have been completed in house as well as report in the IRIS system.

The measures that has been taken to ensure that this incident does not happen again is that staff has been trained and informed that they must contact management in the event any level incident happens.

The Group Home Director will monitor the incident log book twice per week to ensure that management is aware of any incidents that has taken place in and out of the facility to ensure they are being reported to the IRIS system in the designate timeframe.