## PRINTED: 06/16/2025 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 06/06/2025		
		MHL041-852					
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, STATE, ZIP CODE				
A PLACE	OF THEIR OWN LLC		RLINGTON RO NSVILLE, NC 2				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	CTION SHOULD BE COMPLE O THE APPROPRIATE DATE		
∨ 000	INITIAL COMMENTS		V 000				
	An annual survey was completed on June 6, 2025. A deficiency was cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.						
		sed for 4 and has a current urvey sample consisted of clients.					
V 118	27G .0209 (C) Med	lication Requirements	V 118				
	<ul> <li>only be administered order of a person a drugs.</li> <li>(2) Medications shat clients only when a client's physician.</li> <li>(3) Medications, included administered only builtiensed persons pharmacist or other privileged to prepare (4) A Medication Act all drugs administered current. Medication recorded immediate MAR is to include the (A) client's name;</li> <li>(B) name, strength,</li> <li>(C) instructions for</li> <li>(D) date and time the distance of a person of the strength.</li> </ul>	inistration: non-prescription drugs shall ed to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by trained by a registered nurse, r legally qualified person and re and administer medications. dministration Record (MAR) of red to each client must be kep is administered shall be ely after administration. The					

## PRINTED: 06/16/2025 FORM APPROVED

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 06/06/2025		
		MHL041-852					
NAME OF F	PROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, ZIP CODE				
A PLACE	OF THEIR OWN LLC		RLINGTON RC				
		MC LEAN	ISVILLE, NC				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE COMPL THE APPROPRIATE DAT		
V 118	Continued From page 1		V 118				
	checks shall be rec	for medication changes or corded and kept with the MAR appointment or consultation					
	Based on record re observations, the fa medications were a order of a physiciar	et as evidenced by: eviews, interviews, and acility failed to ensure that administered on the written n and failed to maintain a ents prescribed medications b. The findings are:					
	-Date of Admission -Diagnoses: Oppos Attention Deficit Hy presentation; -Age: 16; -Physician order da 25 milligram (mg), mouth three times (depression), take 2	ated 4/1/25 Hydroxyzine HCL (anxiety), take 1 tablet by daily; Trazodone 100mg, 2 tablets by mouth every night, R 2mg, (impulsivity), take 1					
	revealed: -Hydroxyzine HCL 2 5/27/25 for anxiety;	/25 at approximately 1:15pm 25mg was dispensed on was dispensed on 5/6/25 for					
		ng was dispensed on 5/19/25					

B2RM11

## PRINTED: 06/16/2025 FORM APPROVED

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL041-852	B. WING			06/2025	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE			
A PLACE	OF THEIR OWN LLC		LINGTON RO				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF			
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE	
V 118	Continued From page 2		V 118				
	for impulsivity.						
	June 2025 revealed -Hydroxyzine HCL 2 having been admin 8pm; Hydroxyzine HCL 2 having been admin -Trazodone 100mg having been admin -Guanfacine ER 2n having been admin Interview on 6/5/25 -"The morning staff and on time."	25mg was not documented as istered on 4/1/25 at 2pm and 25mg was not documented as istered on 4/28/25 at 8am; was not documented as					
	-She was unaware #2's medications; -She stated there n waiting on refills for -"My duties are ma drills are completed fill-in with whatever Interview on 6/5/25 Professional reveal						

B2RM11