

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-289	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/29/2025
NAME OF PROVIDER OR SUPPLIER JUST IN TIME YOUTH SERVICES ADULT IDD		STREET ADDRESS, CITY, STATE, ZIP CODE 309 SOUTH BEAUMONT AVENUE BURLINGTON, NC 27215		
(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	INITIAL COMMENTS An annual survey was completed on May 29, 2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 5 and has a current census of 5. 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 record reviews and interview, the facility failed to develop a current treatment plan affecting two of three audited clients (#2 and #3). The findings are:</p> <p>Review on 5/29/25 of Client #2's record revealed: -Admission date of 6/6/22. -Diagnoses of Major Depression Disorder, Mild, Recurrent; Major Generalized Anxiety Disorder; Autism Spectrum Disorder; Post-Traumatic Stress Disorder. -Last treatment plan dated 2/4/24. -There was no current treatment plan.</p> <p>Review on 5/29/25 of Client #3's record revealed: -Admission date of 10/10/24. -Diagnoses of Attention-Deficit/Hyperactivity Disorder; Mood Disorder, Unspecified; ASD; Intellectual Disability, Mild; Insomnia, Unspecified Type. -Last treatment plan dated 4/28/23. -There was no current treatment plan.</p> <p>Interview on 5/29/25 with the Chief Executive Officer/Director/Qualified Professional revealed: -She was responsible for the treatment plans. -She was not aware that the treatment plan for clients #2 and #3 had expired. -She was not aware that the treatment plan needed to be updated at least once per year. -The treatment plan expirations were overlooked,</p>	V 112		

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V 112	Continued From page 2 and that she will update them as needed in the future.	V 112		
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 3</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interview, the facility failed to keep the MAR current affecting two of three audited clients (#2 and #3). The findings are:</p> <p>Review on 5/29/25 of Client #2's record revealed: -Admission date of 6/6/24. -Diagnoses of Major Depression Disorder, Mild, Recurrent; Major Generalized Anxiety Disorder; Autism Spectrum Disorder; Post-Traumatic Stress Disorder.</p> <p>Review on 5/29/25 of Client #2's Physician's orders dated 2/28/25 revealed: -Guanfacine Extended Release (ER) 1 milligram (mg) - (for Attention Deficit-Hyperactivity Disorder), take 1 tablet every morning. -Bupropion 100mg (Antidepressant), take 1 tablet by mouth every morning. -Therems Tab Multivitamin (Nutritional supplement), take 1 tablet by mouth once daily. -Loratadine 10mg (Allergies), take 1 tablet by mouth once daily. -Ziprasidone 60mg (Antipsychotic), take 1 capsule twice daily. -Melatonin 3mg (Sleep), take three tablets by mouth every night at bedtime. -Trazodone 50mg (Sleep), take 1 tablet every night at bedtime. -Montelukast 10mg (Allergies), take 1 tablet once daily. -Vitamin D3 400 units/10 micrograms (mcg) (Vitamin D Deficiency), take once daily.</p> <p>Observation on 5/29/25 at approximately 11:09 AM of Client #2's medications revealed:</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>-All medications listed were available.</p> <p>Review on 5/29/25 of Client #2's MARs from March 1, 2025 through May 29, 2025 revealed:</p> <p>-No staff initials to indicate the medication was administered for the following:</p> <p>-April:</p> <p>-Guanfacine ER 1mg: 4/12 at 8:00 AM</p> <p>-Bupropion 100mg: 4/12 at 8:00 AM</p> <p>-Therems Tab Multivitamin: 4/12 at 8:00 AM</p> <p>-Loratadine 10mg: 4/12 at 8:00 AM</p> <p>-Ziprasidone 60mg: 4/12 at 8:00 AM, 4/11 and 4/12 at 8:00 PM</p> <p>-Melatonin 3mg: 4/11 and 4/12 at 8:00 PM</p> <p>-Trazodone 50mg: 4/11 and 4/12 at 8:00 PM</p> <p>-Montelukast 10mg: 4/11 and 4/12 at 8:00 PM</p> <p>-Vitamin D3 400 units/10 mcg: 4/12 at 8:00 AM</p> <p>-May:</p> <p>-Guanfacine ER 1mg: 5/6-5/11, 5/15-5/26 at 8:00 AM</p> <p>-Bupropion 100mg: 5/6-5/11, 5/15-5/26 at 8:00 AM</p> <p>-Therems Tab Multivitamin: 5/6-5/11, 5/15-5/26 at 8:00 AM</p> <p>-Loratadine 10mg: 5/6-5/11, 5/15-5/26 at 8:00 AM</p> <p>-Ziprasidone 60mg: 5/6-5/11 at 8:00 AM, 5/15-5/26, 5/5-5/11, 5/15-5/26 at 8:00 PM</p> <p>-Melatonin 3mg: 5/6-5/11, 5/15-5/26 at 8:00 PM</p> <p>-Trazodone 50mg: 5/6-5/11, 5/15-5/26 at 8:00 PM</p> <p>-Montelukast 10mg: 5/6-5/11, 5/15-5/26 at 8:00 PM</p> <p>-Vitamin D3 400 units/10 mcg: 5/6-5/11, 5/15-5/26 at 8:00 AM</p> <p>Review on 5/29/25 of Client #3's Physician's orders dated 5/9/25 revealed:</p> <p>-Loratadine 10mg (Allergies), take 1 tablet by mouth once daily.</p>	V 118		

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V 118	<p>Continued From page 5</p> <ul style="list-style-type: none"> -Risperidone 4mg (Antipsychotic), take 1 tablet by mouth once daily. -Methylphenidate 54mg (ADHD), take 1 tablet every morning. -Divalproex 500mg (Antiepileptic), take 1 tablet twice daily. -Prazosin Hydrochloride (HCl) 1mg (use not indicated), take 1 capsule every night at bedtime. -Docusate Sodium 100mg (Constipation), take 1 capsule every night at bedtime. -Trazodone 150mg (Sleep), take 1 tablet every night at bedtime. <p>Observation on 5/29/25 at approximately 11:25 AM of Client #3's medications revealed: -All medications mentioned were available.</p> <p>Review on 5/29/25 of client #3's record revealed: -Admission date of 1/27/1997. -Diagnoses of Attention-Deficit/Hyperactivity Disorder (ADHD); Mood Disorder, Unspecified; ASD; Intellectual Disability, Mild; Insomnia, Unspecified Type.</p> <p>Review on 5/29/25 of Client #3's MARs from April 1, 2025 through May 29, 2025 revealed: -No staff initials to indicate the medication was administered for the following:</p> <p>-April: -Loratadine 10mg: 4/22-4/30 at 8:00 AM -Risperidone 4mg: 4/22-4/30 at 8:00 AM -Methylphenidate 54mg: 4/22-4/30 at 8:00 AM -Divalproex 500mg: 4/22-4/30 at 8:00 AM, 4/21-4/30 at 8:00 PM -Prazosin HCl 1mg: 4/21-4/30 at 8:00 PM -Docusate Sodium 100mg: 4/21-4/30 at 8:00 PM -Trazodone 150mg: 4/21-4/30 at 8:00 PM</p> <p>Interview on 5/29/25 with Client #2 revealed:</p>	V 118		

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V 118	Continued From page 6 -He took his medication every day. -Staff administered his medication. -He recited what medication he was prescribed. Interview on 5/59/25 with Client #3 revealed: -He took his medication every day. -He reported staff administered his medication. Interview with Staff #1 on 5/29/25 revealed: -She primarily works at another facility. -When she works at this facility she works 7:00 AM-7:00 PM Monday-Sunday. -She has been here since Monday 5/26/25 and will be here until Monday 6/2/25. -She administers medication to the clients in the morning and at night. -She was not aware of any missed medications. Interview with Program Director on 5/29/25 revealed: -He did not know why the MAR was not signed off as administered. -He stated that going forward the staff will sign off on the MAR at shift change and it will be checked by Program Director after this.	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 interview, the facility was not maintained in a clean, attractive manner, and free from offensive odor. The findings are:	V 736		

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V 736	<p>Continued From page 7</p> <p>Observation on 5/29/25 at approximately 11:52 AM revealed:</p> <ul style="list-style-type: none"> -Foul, musty, stale odor upon entering and throughout the facility. -Bathroom (Hallway): -There were multiple cracks in 4 separate 12"x12" floor tiles. -The cracks ranged from approximately 2" for 1 crack in 1 tile to approximately 12" in up to 5 cracks in another tile. -Dining Room: -There were cracks from one end of the seat to the other going all the way through from the top to the bottom of the seat of 2 separate chairs. -Bedroom #3 (off the rear left side of the Living Room, 2 unaudited clients reside in this room): -There was a hole in the wall approximately 18"x10." <p>Interview on 5/29/25 with the CEO/Director/Qualified Professional revealed:</p> <ul style="list-style-type: none"> -She was aware of the hole in the bedroom wall. -Materials had been purchased to fix the hole in the bedroom wall, but staff had not had time to fix it yet. -The hole in the bedroom wall would be fixed as soon as possible. -She did not know that the seats in the dining room chairs were cracked. -The chairs would be replaced. -The facility staff had always attempted to repair the damage caused by clients. -She would contact the landlord regarding repairing the bathroom tile. -She acknowledged the facility was not maintained in a clean, attractive manner free from 	V 736		

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V 736	Continued From page 8 offensive odor.	V 736			