Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			X3) DATE SURVEY COMPLETED		
			A. BUILDING	·				
		MHL026-989	B. WING			R-C <b>05/28/2025</b>		
NAME OF F	PROVIDER OR SUPPLIER	STREE	FADDRESS, CITY,	STATE, ZIP CODE				
THOMPS	ON CHILD & FAMILY	FOCUS-SALLY H	ALLY HILL CIRC					
FAYETTEVILLE, NC 28306  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)								
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCE	THE APPROPRIATE	COMPLÉTE DATE		
V 000 INITIAL COMMENTS			V 000					
	on May 28, 2025. T	take #NC00230655). A	ed					
	category: 10A NCA	sed for the following service C 27G .1700 Residential cure for Children and						
	census of 2. The su	sed for 6 and had a current urvey sample consisted of clients and 4 former clients.						
V 118	27G .0209 (C) Medication Requirements		V 118					
	only be administered order of a person a drugs. (2) Medications shall clients only when a		e					
	administered only bunlicensed persons pharmacist or other privileged to prepar (4) A Medication Adall drugs administer current. Medication recorded immediate MAR is to include the (A) client's name;	cluding injections, shall be by licensed persons, or by a trained by a registered nurser legally qualified person and the and administer medication described and the action of the acti	ins. of					

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL026-989	B. WING		R-C <b>05/28/202</b>	25
	PROVIDER OR SUPPLIER	FOCUS-SALLY H 162 SALL	DRESS, CITY, S Y HILL CIRC VILLE, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COM	X5) IPLETE ATE
V 118	(E) name or initials drug. (5) Client requests checks shall be rec	ne drug is administered; and of person administering the for medication changes or orded and kept with the MAR appointment or consultation	V 118			
	facility failed to adm written order of a pl clients (#1, #2). The Finding #1 Review on 5/28/25 -13 year old female -Admitted 1/2/25. -Diagnoses of Post and and Adjustmen -No documentation Melatonin 5 milligra Acetaminophen 500 Observation on 5/2 a review of client #	views and interviews the ninister medications on the hysician for 2 of 2 current e findings are:  of client #1's record revealed:  Traumatic Stress Disorder				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		MHL026-989	B. WING		R- <b>05/2</b>	C <b>8/2025</b>		
NAME OF	PROVIDER OR SUPPLIER		<u>.</u>	STATE, ZIP CODE	1 00/2	0/2020		
		162 SALL	Y HILL CIRC	,				
THOMPS	THOMPSON CHILD & FAMILY FOCUS-SALLY H FAYETTEVILLE, NC 28306							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE		
V 118	Continued From page 2		V 118					
	-13 year old female -Admitted on 5/19/2 -Diagnoses of Opportune (ADHD)No documentation Methylphenidate TE morning and Lamor evening (Bipolar).  Review on 5/28/25 the following medicidally: -Methylphenidate T-Lamotrigine 25 mg Interview on 5/28/2: -She received her relative orderedThe clients received orderedThe physician orderecord.  Interview on 5/28/2: stated: -The facility had staguardian, it was not stated.	estitional Defiant Disorder and Hyperactivity Disorder  of signed physician orders for EER 36 mg (ADHD) every trigine 25 mg 2 tablets every  of client #2's MARs revealed ations had been administered  EER 36 mg  5 client #2 stated: medications daily.  5 the nurse stated: ed their medications as  ers should be in the clients'  5 the Program Supervisor  anding orders signed by the tailor signed by a physician, physician orders be provided						

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