Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
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IAL COMMENTS		V 000			
An annual survey was completed on 6-27-25. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure For Children Or Adolescents. This Facility is licensed for 4 and has a current census of 3. The survey sample consisted of audits of 3 current clients.					
.0209 (C) Medica	ation Requirements	V 118			
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;					
STATE OF THE STATE	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE IAL COMMENTS Innual survey was ciencies were cite facility is licensed gory: 10A NCAC tment Staff Secure escents. Facility is licensed as a current client sof 3 current cl	MHL036-403 TR OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) IAL COMMENTS Innual survey was completed on 6-27-25. Iciencies were cited. facility is licensed for the following service gory: 10A NCAC 27G .1700 Residential trment Staff Secure For Children Or escents. Facility is licensed for 4 and has a current sus of 3. The survey sample consisted of ts of 3 current clients. .0209 (C) Medication Requirements NCAC 27G .0209 MEDICATION BUIREMENTS Medication administration: Prescription or non-prescription drugs shall be administered to a client on the written or of a person authorized by law to prescribe s. Medications shall be self-administered by the sonly when authorized in writing by the tt's physician. Medications, including injections, shall be inistered only by licensed persons, or by the sonly when authorized in writing by the tt's physician. Medications, including injections, shall be inistered only by licensed persons, or by the sonly when authorized in writing by the tt's physician. Medications trained by a registered nurse, macist or other legally qualified person and leged to prepare and administer medications. Medication Administration Record (MAR) of rugs administered to each client must be kept and defined inmediately after administration. The R is to include the following: the discription of the drug; the properties of the drug;	MHL036-403 ER OR SUPPLIER STREET ADDRESS, CITY, STA 1816 EAST GARRISON B GASTONIA, NC 28054 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) IAL COMMENTS V 000 IAL COMMENTS V 000 IAL COMMENTS IAL COMMEN	RECTION IDENTIFICATION NUMBER: B. WING B	RECTION DENTIFICATION NUMBER: A BUILDING: B WING 08/2 ROR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1816 EAST GARRISON BOULEVARD GASTONIA, NC 28054 SUMMARY STATEMENT OF DEFICIENCIES GASTONIA, NC 28054 DPREED PROVIDERS PLAN OF CORRECTION GASTONIA, NC 28054 RECOULTORY OR LISC IDENTIFYING INFORMATION) DPREED CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY MUST BE PRECEDED BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY TAG CROSS-REFERENCED TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY TAG CROSS-REFERENCED TAG CROSS-REFERE

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

(X6) DATE TITLE

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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V 118	118 Continued From page 1					
	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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medications were administered on the written order of a physician affecting 1 of 3 audited clients (client #3). The findings are: Review on 6-25-25 of client #3's record revealed: -Date of admission: 11-15-24Age: 15 yearsDiagnoses: Attention Deficit Hyperactivity Disorder; Conduct Disorder; Cannabis Use DisorderPhysicians' order dated 5-20-25 for Mirtazapine (antidepressant) 15 milligram (mg): dissolve one tablet by mouth once daily at bedtime for 30 days.					
	- Review on 6-25-25 and 6-27-25 of client #3's Medication Administration Record (MAR) for June 2025 revealed Mirtazapine not administered from June 20, 2025 through June 25, 2025. Review on 6-25-25 of the facility's incident report log revealed Mirtazapine not administered on June 20, 25 to June 24, 2025, "Client out of Mirtazapine 15mg."					
		with client #1 revealed:				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					SURVEY LETED	
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V 118	118 Continued From page 2		V 118			
	-"I take my meds (medications) everyday. I don't miss taking them (meds) unless something happens and they (staff) don't get them from the doctor or pharmacy. That's what happened to that one pill (Mirtazapine). They are trying to get if from the doctor." Interview on 6-25-25 with the Associate Professional (AP) revealed: -She or the HM are responsible for ordering medications"We called the doctor before the medication ran out and requested a refill. I'm not sure what the issues is. They (doctor) usually respond to our request (for refills) within a day but there seems to have been some breakdown in communication this time with this request." -"He (client #3) took his last pill on 6-19-25. We have contacted his doctor and we are waiting on the doctor to refill the prescription." Interview on 6-25-25 with the Home Manager (HM) revealed: -The medication ordering protocol is to to order medications when a client is down to their last 7 days supply of medications according to the medication bubble pack"On the bubble pack the last week (last week of meds before they are out) is colored blue. When they get to that week we (HM or AP) will call the doctor and request a refill. I actually called before we got to the last week. I did not document the date I first called but it would have been a few days before the last week unknown date). I called the doctors office for the refill. I was only able to leave a message on the machine. I was calling them everyday and leaving messages, asking for the refill. They (doctor) never called us back so I reached out to the pharmacy for them to contact the doctor. We are still waiting on the					

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 118	Continued From page 3		V 118		
	doctor to send the medicine."				
	Interview on 6-27-25 with the Executive Director (ED) revealed: -He was aware that the client had missed the medication. "[HM] did bring me aware of the disconnect with [medical provider] and [client #3's] meds." -"[Client #3] was a rare scenario with that one because we were working with the pharmacist to make sure that was delivered, so that is rare." -"Typically we have a online med system that we use to ensure that every kid (client) is getting their meds and that they are getting their meds on time. [HM] monitors that (medication administration) daily. She (HM) monitors the meds, MARs and the intake (administration) of the kids meds daily and she gives me a report. Pretty much we (ED and HM) talk once or twice a day so she gives me a report if anything is missing" -"We have a system with the pharmacy where the electronic communication is directly connected				
	on a med the request	tting down to needing refills is submitted (to the d (client) should actually			
	have their meds in a t -With [client #3] there	imely manner." was some disconnect with			
	the [medical provider] in submitting the refill." Interview on 6-27-25 with Pharmacy representative revealed: -The facility first contacted her on 6-24-25 requesting assistance with obtaining the prescription from the doctor's officeThe prescription was re-filled on 6-26-25 and delivered the same evening.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C			E SURVEY PLETED	
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V 131	Continued From page	e 4	V 131			
V 131	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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to access the Health Care Personnel Registry (HCPR) prior to making an offer of employment affecting of 4 audited staff (staff #1), the Associate Professional (AP) and the Home Manager (HM). The findings are:		V 131			
	Review on 6-25-25 of -Date of hire: 6-24-24 -HCPR accessed on					
	Review on 6-25-25 of the AP's record revealed: -Date of hire: 2-3-25HCPR accessed on 2-12-25 Review on 6-25-25 of the HM's record revealed: -Date of hire: 11-13-23HCPR accessed on 12-13-23					
	(ED) revealed:	with the Executive Director				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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V 131	1 Continued From page 5		V 131			
	-"It could be me or [Q them (staff #1 and HN who ran those. I didn' be done before date or checklist for everythin terms of hiring" -"We (ED and QP) do needs to be done dur and QP) will coordina	eting the HCPR checks. P], I would have to look at M record) specifically to see t realize the checks had to of hire I do have a ng that needs to be done in know the steps of what ing onboarding. We (ED te in that effort to make sure PR checks completed				
V 133	G.S. 122C-80 Crimina	al History Record Check	V 133			
V 133	V 133 G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for		V 133			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		SURVEY .ETED
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V 133	Continued From page	e 6	V 133			
	employ an applicant of criminal history record section. Except as off subsection, within five the conditional offer of shall submit a request Justice under G.S. 11 criminal history record section or shall submit entity to conduct a Standard t	d check required by this it a request to a private ate criminal history record is section. Notwithstanding Department of Justice shall ational criminal history ployment positions not w 105-277 to the and Human Services, eck Unit. Within five				

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and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the

conditional offer of employment by the provider.

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V 133	Continued From page	e 7	V 133			
	All criminal history inf	ormation received by the				
		al and may not be disclosed,				
	=	nt as provided in subsection				
	(c) of this section. For	•				
		"private entity" means a				
	business regularly en					
	-	d checks utilizing public				
	records obtained from	• •				
		licant's criminal history				
		one or more convictions of				
		e provider shall consider all				
	_	s in determining whether to				
	hire the applicant:					
	(1) The level and seri					
	(2) The date of the cri					
		rson at the time of the				
	conviction.					
	(4) The circumstance	-				
	commission of the cri					
	` '	en the criminal conduct of				
	-	b duties of the position to be				
	filled.					
	(6) The prison, jail, pr					
		ployment records of the				
	•	the crime was committed.				
		commission by the person of				
	a relevant offense.					
	The fact of conviction	of a relevant offense alone				
	shall not be a bar to e	employment; however, the				
	listed factors shall be	considered by the provider.				
	If the provider disqual	lifies an applicant after				
	consideration of the re	elevant factors, then the				
	provider may disclose	e information contained in				
		cord check that is relevant				
		, but may not provide a copy				
	of the criminal history					
	applicant.					
		- A provider and an officer				
	(d) Limited Immunity A provider and an officer or employee of a provider that, in good faith,					

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V 133	Continued From page	2 8	V 133			
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		ction shall be immune from				
	civil liability for:					
	(1) The failure of the	provider to employ an				
		s of information provided in				
	the criminal history re	cord check of the individual.				
	(2) Failure to check a	n employee's history of				
	criminal offenses if th	e employee's criminal				
	history record check i	s requested and received in				
	compliance with this	section.				
	(e) Relevant Offense.	As used in this section,				
	"relevant offense" me	ans a county, state, or				
	federal criminal histor	y of conviction or pending				
	indictment of a crime,	whether a misdemeanor or				
		on an individual's fitness to				
	· · · · · · · · · · · · · · · · · · ·	r the safety and well-being of				
		ntal health, developmental				
	disabilities, or substa	nce abuse services. These				
	crimes include the cri	minal offenses set forth in				
		rticles of Chapter 14 of the				
		icle 5, Counterfeiting and				
	Issuing Monetary Sub					
		ve and Legislative Officers;				
		article 7A, Rape and Other				
	Sex Offenses; Article	8, Assaults; Article 10,				
		ction; Article 13, Malicious				
	Injury or Damage by					
	_	Material; Article 14, Burglary				
		akings; Article 15, Arson and				
		le 16, Larceny; Article 17,				
,	1	Embezzlement; Article 19,				
	False Pretenses and					
,		Services by False or				
,		edit Device or Other Means;				
,	-	Transaction Card Crime				
ı	Act; Article 20, Fraud	s; Article 21, Forgery; Article				

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26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
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V 133	Continued From page	Continued From page 9				
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	Office; Article 35, Offenses Against the Public					
	Peace; Article 36A, R	iots and Civil Disorders;				
	Article 39, Protection					
	Protection of the Fam					
		le 60, Computer-Related				
		•				
		also include possession or				
		ion of the North Carolina				
	Controlled Substance	s Act, Article 5 of Chapter				
	90 of the General Sta	tutes, and alcohol-related				
	offenses such as sale	to underage persons in				
	violation of G.S. 18B-	302 or driving while				
		of G.S. 20-138.1 through				
	G.S. 20-138.5.	7 3.3. 20 100.1 timough				
		ing Color Information Any				
		ing False Information Any				
		nent who willfully furnishes,				
		gives false information on				
	an employment applic	cation that is the basis for a				
	criminal history record	d check under this section				
	shall be guilty of a Cla	ass A1 misdemeanor.				
	(g) Conditional Emplo	yment A provider may				
	employ an applicant of					
		of a criminal history record				
	check regarding the a	<u> </u>				
	following requirement					
		not employ an applicant				
		applicant's consent for				
	criminal history record	d check as required in				
	subsection (b) of this	section or the completed				
	fingerprint cards as re	equired in G.S. 114-19.10.				
		submit the request for a				
		d check not later than five				
	business days after th					
	conditional employme					
	' '					
		124, ss. 10.19D(c), (h);				
	2005-4, ss. 1, 2, 3, 4,	5(a); 2007-444, s. 3.)				

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V 133	Continued From page 10		V 133			
	Continued From page 10					
	failed to request a criuwithin 5 days of making employment affecting #1, the Associate Pro Manager). The findin Review on 6-25-25 of Date of hire: 6-24-24 -No documentation the was completed after of Review on 6-25-25 of Date of hire: 2-3-25Criminal record check Review on 6-25-25 of Date of hire: 11-13-2	ews and interview the facility minal history record check ing a conditional offer of a 3 of 4 audited staff (staff fessional/AP and the Home igs are: If staff #1's record revealed: In at a criminal history check date of hire. If the AP's record revealed: It is completed on 2-12-25. If the HM's record revealed: If the HM's record revealed:				
	-Criminal record check completed on 11-20-23. Interview on 6-27-25 with the Executive Director (ED) revealed: -The ED or the Qualified Professional are (QP) responsible for completing the background checks"It could be me or [QP], I would have to look at them (staff #1, AP and HM record) specifically to remember who would have ran them (criminal record checks). Again, it would have been myself or [QP]. I didn't realize the checks (criminal history checks) had to be done before date of hire. I was thinking the background checks had to be done within 30 days, or 2 weeks, I think it's 2 weeks after hire. I didn't realize it had to be done before. I do have a checklist for everything that needs to be done in terms of hiring" -"We (ED and QP) do know the steps of what					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 1	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL036-403	B. WING		06	/27/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	ATE, ZIP CODE	-	
FUTURE L	EADERS		T GARRISON E A, NC 28054	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 133	needs to be done duri process). We (ED an	ing onboarding (hiring d QP) will coordinate in that e get that done (criminal	V 133			

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