

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601488</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/14/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>RESIDENTIAL ADOLESCENT COMMUNITY SEI</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>443 NORTH SUMMITT AVENUE CHARLOTTE, NC 28216</b>		
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V 000	INITIAL COMMENTS  An annual and follow up survey was completed on July 14, 2025. 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 currently has a census of 3. The survey sample consisted of audits of 3 current client.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies  10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's	V 105		

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

TITLE

(X6) DATE

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V 105	Continued From page 1  needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105			

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to delegate management authority for the operation of services. The findings are:</p> <p>Attempted review of the facility's records on 7/8/25 revealed: -No one was at the facility. -Called the Licensee and she was out of town. -There were no direct care staff available. -Staff #1 and the Qualified Professional (QP) did not have access to the facility's fire and safety drills, incident reports and staff records.</p> <p>Interview on 7/8/25 with the QP revealed: -The Director was out of town. -Did not have access to staff records, incident reports nor fire and safety drills. -The Director did not leave her in charge of operations while she was out of town. -The Director did not delegate authority to anyone while she was out of town.</p> <p>Interview on 7/8/25 with the Director revealed: -Was out of town 7/8/25 through 7/11/25. -"My daughter (Associate Professional) helps me run the business (facility operations), but she is with me (out of town)." -"I have not trained any staff to act as management when I am away." -The staff files are locked in her office and she is the only one with a key. -Will train the Qualified Professional to manage files and delegate her to manage the facility when she is away.</p>	V 105			

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V 107	Continued From page 3	V 107		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> <li>(1) specifies the minimum level of education, competency, work experience and other qualifications for the position;</li> <li>(2) specifies the duties and responsibilities of the position;</li> <li>(3) is signed by the staff member and the supervisor; and</li> <li>(4) is retained in the staff member's file.</li> </ul> <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> <li>(1) is at least 18 years of age;</li> <li>(2) is able to read, write, understand and follow directions;</li> <li>(3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and</li> <li>(4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.</li> </ul> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual</p>	V 107		

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V 107	<p>Continued From page 4</p> <p>employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have complete personnel records 3 of 3 audited staff. The findings are:</p> <p>Attempted review of personnel records on 7/8/25 revealed: -Personnel files were locked in the home office. -The Director had the key and she was out of town. -No other staff had access to the personnel records for review.</p> <p>Interview on 7/8/25 with the Qualified Professional (QP) revealed: -Did not have access to personnel records. -The personnel records were locked in the Director's office. -Only the Director had access to personnel records. -The Director was out of town.</p> <p>Interview on 7/14/25 with the Director revealed: -She was out of town 7/8/25 until 7/11/25. -No other staff had a key to her office. -No other staff had access to personnel records. -Will leave a key for the QP when she is out of</p>	V 107		

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V 107	Continued From page 5 town.	V 107		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on attempted record reviews and interviews, the facility failed to complete fire and disaster drills at least quarterly for each shift. The findings are:</p> <p>Attempted review of the facility's fire and disaster drill on 7/8/25 but was unsuccessful because the Director was the only staff who had access to</p>	V 114		

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V 114	Continued From page 6  them and she was out of town.  Attempted to interview Client #2 and Client #3 on 7/8/25 but they declined the interview.  Interview on 7/8/25 with Client #1 revealed: -Practiced fire and safety drills with staff.  Interview on 7/8/25 with Staff #1: -Fire and disaster drills are done monthly. -Fire and disaster drills are documented in a binder that is kept by the Director.  Interview on 7/8/25 with the Qualified Professional revealed: -Fire and disaster drills were kept in a binder locked in the Director's office. -Did not have access to the fire and disaster drills. -Did not have access to the Director's office.  Interview on 7/14/25 with the Director revealed: -All fire and disaster drills were completed in the last year. -"The fire and disaster drills were here (the facility)! They (staff) must have not known where they were." -"I'll make sure staff knows where to find them (fire and disaster drills)."	V 114			
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.	V 118			

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V 118	<p>Continued From page 7</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> <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> </p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure the MAR was kept current affecting 2 of 3 Clients (Client #2 and Client #3). The findings are:</p> <p> </p> <p>Review on 7/8/25 of Client #2's record revealed: -Admission date of 6/23/25. -Diagnoses of Attention Deficit Hyperactivity Disorder (ADHD) and Major Depressive Disorder.</p>	V 118		



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V 118	<p>Continued From page 8</p> <p>-History of emotional and behavioral dysregulation, suicidal ideation, self-harm, assaultive behavior and involuntary commitment.</p> <p>-Physician's order dated 6/23/25: Sertraline 100mg (depression) take one tablet daily, Clonidine 0.2mg (hyperactivity) take one tablet twice daily, Risperidone 1mg (mood) take one tablet twice daily, Aripiprazole 20 mg (impulse control) take one tablet daily, and Olanzapine 5mg (mood) take one tablet daily.</p> <p>Review on 7/8/25 of Client #3's record revealed:</p> <p>-Admission date of 4/3/25.</p> <p>-Diagnoses of Post Traumatic Stress Disorder (PTSD), Borderline Intellectual Functioning and Disruptive Mood Dysregulation Disorder.</p> <p>-History of eloping, aggressive behavior, suicidal ideation, hallucinations and communicating threats.</p> <p>Physician's order dated 4/28/25: Take Vraylar 4.5 mg (mood) once daily, Gabapentin 100mg (mood) three times daily, Hydroxyzine 25mg (anxiety) three times daily, Banophen 50mg (sleep) once daily at bedtime, Oxybutynin Chloride 5mg (bladder control) at bedtime, and Prazosin 1mg (PTSD) to be administered at bedtime.</p> <p>Review on 7/8/25 of Client #2's Medication Administration Record (MAR) from May 1, 2025-July 8, 2025 revealed:</p> <p>-There was no initial for administration for Sertraline 100mg from 6/25/25 through 6/30/25.</p> <p>-There was no initial for administration of the first dose of Clonidine 0.2mg from 6/25/25 through 6/30/25.</p> <p>-There was no initial for administration of the second dose of Clonidine 0.2mg on 6/24/25 and</p>	V 118			

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V 118	<p>Continued From page 9</p> <p>6/27/25 through 6/30/25.</p> <ul style="list-style-type: none"> <li>-There was no initial for administration of the first dose of Risperidone 1mg from 6/25/25 through 6/30/25.</li> <li>-There was no initial for administration of the second dose of Risperidone 1mg from 6/27/25 through 6/30/25.</li> <li>-There was no initial for administration of Aripiprazole 20 mg from 6/25/25 through 6/30/25.</li> <li>-There was no initial for administration Olanzapine 5mg on 6/25/25.</li> </ul> <p>Review on 7/8/25 of Client #3's MAR from May 1, 2025- July 8, 2025 revealed:</p> <ul style="list-style-type: none"> <li>-There was no quantity listed for Vraylar 4.5mg.</li> <li>-There was no quantity listed for Gabapentin 100mg.</li> <li>-There was no quantity listed for Hydroxyzine 25mg.</li> <li>-There was no quantity listed for Banophen 50mg.</li> <li>-There was no quantity listed for Oxybutynin Chloride 5mg.</li> <li>-There was no quantity listed for Prazosin 1mg.</li> </ul> <p>Attempted to interview Client #2 and Client #3 on 7/8/25 but they declined the interview.</p> <p>Interview on 7/8/25 with Client #1 revealed:</p> <ul style="list-style-type: none"> <li>-He received his medication at appropriate times.</li> <li>-Had not missed a dose of his medication.</li> </ul> <p>Interview on 7/8/25 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>-Staff were supposed to initial after every administration.</li> <li>-Does not know why the MAR was left blank for Client #2.</li> <li>-"I'm not sure who created or updated the MAR."</li> <li>-Would let management (Director) know the MAR</li> </ul>	V 118			

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V 118	Continued From page 10  was missing initials for Client #2 and quantities were missing for Client #3.  Interview on 7/14/25 with the Director revealed: -She was unaware of the missing initials and quantities on Client #2 and #3's MAR. -Would meet with her staff and do a refresher training on medication administration.	V 118			