

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-149	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/30/2025
NAME OF PROVIDER OR SUPPLIER THE WILLOWS AT RED OAK RECOVERY		STREET ADDRESS, CITY, STATE, ZIP CODE 67 RACKING HORSE LANE FLETCHER, NC 28732		
(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	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on July 30, 2025. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders.</p> <p>The facility is licensed for 16 beds and currently has a census of 9. The survey sample consisted of audits of 4 current clients and 2 former clients.</p> <p>This Statement of Deficiencies was amended on August 8, 2025 due to changes in the client identifiers in the report. Former Client #4 is now identified as Client #4.</p>	V 000		
V 123	<p>27G .0209 (H) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.</p> <p>.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure all medication administration errors were immediately reported to a pharmacist</p>	V 123		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-149	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/30/2025
NAME OF PROVIDER OR SUPPLIER THE WILLOWS AT RED OAK RECOVERY		STREET ADDRESS, CITY, STATE, ZIP CODE 67 RACKING HORSE LANE FLETCHER, NC 28732		
(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 123	<p>Continued From page 1</p> <p>or physician affecting 3 of 4 current clients (#1, #2 and #4) and 2 of 2 former clients (FC) (#5, and #6). The findings are:</p> <p>Review on 7/24/25 of Client #1's record revealed: -Date of Admission: 7/9/25. -Diagnoses: Major Depressive Disorder, Generalized Anxiety Disorder, Attention Deficit Hyperactive Disorder and Premenstrual Dysphoric Disorder. -7/10/25 physician's orders - Trazadone 50 milligrams (mg) 2 tablets in the evenings.</p> <p>Review on 7/24/25 of Client #1's MARs from 7/9/25 through 7/23/25 revealed: -Trazadone 50 mg was documented as not administered on 7/11/25, 7/12/25 and 7/13/25 due to client refusal.</p> <p>Review on 7/24/25 of Client #2's record revealed: -Date of Admission: 7/3/25. -Diagnoses: Alcohol Disorder Severe, Cocaine Disorder Mild, Major Depressive Disorder and Generalized Anxiety. -7/4/25 - physician's orders - Gabapentin 300 mg - 1 tablet 3 times a day.</p> <p>Review on 7/24/25 of Client #2's MARs from 7/3/25 through 7/23/25 revealed: -Gabapentin 300 mg was documented as not administered on 7/17/25 at 2:00 p.m. due to client refusal.</p> <p>Review on 7/24/25 of Client #4's record revealed: -Date of Admission: 6/4/25. -Diagnoses: Major Depressive Disorder, Unspecified Mood Disorder, Cannabis Use Disorder.</p> <p>Review on 7/24/25 of FC #5's record revealed:</p>	V 123		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-149	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/30/2025
NAME OF PROVIDER OR SUPPLIER THE WILLOWS AT RED OAK RECOVERY		STREET ADDRESS, CITY, STATE, ZIP CODE 67 RACKING HORSE LANE FLETCHER, NC 28732		
(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 123	<p>Continued From page 2</p> <p>-Date of Admission: 6/15/25. Date of Discharge: 7/14/25. Diagnoses: Alcohol use Disorder, Post Traumatic Stress Disorder, Unspecified Bipolar and Related Disorder.</p> <p>Review on 7/24/25 of FC #6's record revealed: -Date of Admission: 6/15/25. Date of Discharge: 7/7/25. Diagnoses: Generalized Anxiety Disorder, Post Traumatic Stress Disorder, Cocaine use Disorder, Cannabis use.</p> <p>Review on 7/28/25 and 7/29/25 of facility incident reports from 5/1/25 through 7/27/25 revealed: -Client #1 - 7/13/25 refused Trazadone 50 mg at 10:00 p.m. due to not wanting to fall asleep too early. -Client #2 - 7/17/25 refused Gabapentin 300 mg at 2:00 p.m. due to not wanting to be too sleepy. -Client #4- 7/22/25 and 7/23/25 refused Gabapentin at 2:00 p.m. as the Nurse Practitioner said she would no longer be taking it. -FC #5- 7/11/25 Gabapentin 300 mg was documented as not administered due to staff unsuccessful attempts to wake her up. -FC# 6- 7/5/25 refused morning dose of Concerta Extended Release 36 mg because today she wanted to sleep in. -There was no indication on the incident reports a physician or pharmacist was notified of the above missed medications.</p> <p>Interview on 7/28/25 with Staff #1 revealed: -An incident report was completed if a client refused or missed a medication. -She would notify "medical" when this happened.</p> <p>Interview on 7/29/25 with the Director of Nursing (DON) revealed:</p>	V 123		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-149	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/30/2025
NAME OF PROVIDER OR SUPPLIER THE WILLOWS AT RED OAK RECOVERY		STREET ADDRESS, CITY, STATE, ZIP CODE 67 RACKING HORSE LANE FLETCHER, NC 28732		
(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 123	Continued From page 3 -Once an incident report had been created, a "mass e-mail" was created to include the medical staff, medical provider and the Licensed Practical Nurse. -She deleted the emails once she received them and was not sure how long they stayed on her computer. -She would look for the above notifications of missed medication. Review on 7/29/25 of the emails sent to the Division of Health Service Regulation surveyor by the DON on 7/29/25 revealed: -She was unable to locate the notifications of refusals for the above clients and former clients. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 123		
V 227	27G .3401 Res. Sub. Abuse - Scope 10A NCAC 27G .3401 SCOPE (a) A residential treatment or rehabilitation facility for alcohol or other drug abuse disorders is a 24-hour residential service which provides active treatment and a structured living environment for individuals with substance abuse disorders in a group setting. (b) Individuals must have been detoxified prior to entering the facility. (c) Services include individual, group and family counseling and education. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide services within the scope of their	V 227		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-149	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 07/30/2025
NAME OF PROVIDER OR SUPPLIER THE WILLOWS AT RED OAK RECOVERY			STREET ADDRESS, CITY, STATE, ZIP CODE 67 RACKING HORSE LANE FLETCHER, NC 28732		
(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 227	<p>Continued From page 4</p> <p>license affecting 1 of 4 current clients. (#1) The findings are:</p> <p>Review on 7/28/25 of Client #1's record revealed:</p> <ul style="list-style-type: none"> -Date of Admission: 7/9/25. -Diagnoses: Major Depressive Disorder, Generalized Anxiety Disorder, Attention Deficit Hyperactive Disorder and Premenstrual Dysphoric Disorder. -Psychosocial assessment dated 7/10/25 mental health primary and in remission from alcohol abuse. High risk for suicidal ideation. Has used cannabis daily for the past three months. -No substance use diagnosis listed. <p>Interview on 7/24/25 with Client #1 revealed:</p> <ul style="list-style-type: none"> -Her mental health issues have continued, after being sober from alcohol for a year and a half. -She needed a place where she could receive more support. -If things got worse then the alcohol would be reintroduced. -She knew the facility was a substance abuse program but also knew they had a mental health track. <p>Interview on 7/24/25 with Therapist #1 revealed:</p> <ul style="list-style-type: none"> -She was Client #1's therapist who was admitted primarily for mental health concerns. -Her substance abuse problem was still "to be determined." <p>Interview on 7/30/25 with Therapist #2 revealed:</p> <ul style="list-style-type: none"> -Client #1 was admitted due to a plan for suicide but was not clear and had no intent. -She was smoking a lot of marijuana and would take nightly "edibles" to handle her depression. -She should have a cannabis diagnosis. "Not really sure why she didn't have a substance use diagnosis." 	V 227			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-149	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 07/30/2025
NAME OF PROVIDER OR SUPPLIER THE WILLOWS AT RED OAK RECOVERY			STREET ADDRESS, CITY, STATE, ZIP CODE 67 RACKING HORSE LANE FLETCHER, NC 28732		
(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 227	Continued From page 5 Interview on 7/28/25 with the Admissions Director revealed: -During the pre-screening for admission Client #1 reported using marijuana daily for the past year. -The criteria for admissions to the facility was to have a substance use diagnosis. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 227			