

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL078-170</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>CHAPARRAL YOUTH SERVICES, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5973 MCLEOD DRIVE</b> <b>MAXTON, NC 28364</b>		
(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 and follow up survey was completed on August 27, 2025. A deficiency was cited.  This facility is licensed for the following service category: 10A 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.  This facility is licensed for 4 and has a current census of 2. The survey sample consisted of audits of 2 current clients.	V 000		
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.	V 118		

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:  <b>MHL078-170</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>CHAPARRAL YOUTH SERVICES, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5973 MCLEOD DRIVE</b> <b>MAXTON, NC 28364</b>		
(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 118	<p>Continued From page 1</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>This Rule is not met as evidenced by: Based on record review, observation and interviews the facility failed to administer medications on the written order of a physician 1 of 2 clients (#2). The findings are:</p> <p>Review on 8/26/25 of client #2's record revealed: -16 year old male. -Admitted 8/5/25. -Diagnoses of Major Depressive Disorder; Conduct Disorder and Cannabis Use. -No signed physician order for Senna 8.6 milligram (mg) (stool softener), Metformin Hydrochloride (HCL) 500 mg (weight), Polyethylene Glycol 3350 as needed for constipation and Fluticasone Propionate 120 as needed for congestion or cough.</p> <p>Review on 8/26/25 of client #2's MARs for August 2025 revealed: -Senna 8.6 mg was administered daily from 8/6/25. -Metformin HCL 500 mg was administered daily from 8/5/25.</p> <p>Observation on 8/26/25 at 12:20pm of client #2's medications revealed: -Senna 8.6 mg, Metformin HCL 500 mg, Polyethylene Glycol 3350 and Fluticasone</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL078-170</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>CHAPARRAL YOUTH SERVICES, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5973 MCLEOD DRIVE</b> <b>MAXTON, NC 28364</b>		
(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 118	<p>Continued From page 2</p> <p>Propionate 120 were available for review.</p> <p>Interview on 8/26/25 client #2 stated: -He took Clozapine, Metformin and a stool softener. -He was prescribed Metformin due to the Clozapine "messing with my A1C." -He received his medications daily.</p> <p>Interview on 8/26/25 the Qualified Professional stated: -Client #2 was prescribed Clozapine, Metformin and Senna daily. - He was unsure why client #2 was prescribed Metformin.</p> <p>Interview on 8/26/25 the Licensee stated: -Client #2 received his medications daily. -Client #2 was not diabetic. -Client #2 was admitted from the juvenile detention center and his physician orders were not provided.</p>	V 118		