STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601555	A. BUILDING: _____ B. WING _____	10/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOHNNY B'S, LLC	7111 BULLOCK DRIVE CHARLOTTE, NC 28214

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V 000	INITIAL COMMENTS An annual and complaint survey was completed on 10/1/25. The complaint was unsubstantiated (Intake #NC002322781). 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 3 and has a current census of 3. The survey sample consisted of audits of 2 current clients and 1 former client.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have a first aid kit accessible for use. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to have completed fire and disaster	V 114		

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V 114	Continued From page 1	V 114		

drills held at least quarterly and repeated on each shift. The findings are:

Review on 9/24/25 of the facility's fire and disaster drill log from April 1, 2025-October 1, 2025 revealed:
2nd quarter (April- June 2025):
- No 1st shift (8am-8pm) disaster drills.

3rd quarter (July-September 2025):
- No 1st shift disaster drill.

Interview on 10/1/25 with Client #1 revealed:
- Completed fire and disaster drills.

Interview on 10/1/25 with Client #2 revealed:
- Was admitted in the facility on 9/15/25;
- Had not completed a fire or disaster drill.

Interview on 10/1/25 with Client #4 revealed:
- Completed fire and disaster drills monthly.

Interview on 10/1/25 with Staff #1 revealed:
- The Qualified Professional was responsible for making sure the fire and disaster drills were completed;
- "I'm on third shift, we haven't done one (fire and disaster drill) on 3rd shift."

Interview on 10/1/25 with Staff #2 revealed:
- Completed fire and disaster drills once a quarter;
- June 2025 was the last time a fire or disaster drill was completed on shift.

Interview on 10/1/25 with the Associate Professional revealed:
- Was responsible for completing fire and disaster drills;
- Completed fire and disaster drills quarterly on

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V 114	Continued From page 2 each shift. Interview on 10/1/25 with the Director revealed: - All of the staff were responsible for completing fire and disaster drills; - "We do fire drills once a month and disaster drills quarterly."	V 114		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.	V 366		

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V 366	Continued From page 3 (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose	V 366		

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V 366	Continued From page 4 catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement written policies governing their response to Level I incidents affecting 1 of 1 Former Client (FC #3). The findings are: Review on 9/23/25 of the facility's incident reports	V 366		

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V 366	Continued From page 5 from July 1, 2025- September 23, 2025 revealed: No Incident Reports or Risk/Cause/Analysis (RAC) for: - FC #3 refused Fluticasone Propionate Nasal Spray 50 mcg (microgram) on 7/3/25; - FC #3 refused Fluticasone Propionate Nasal Spray 50 mcg (microgram) on 7/7/25-7/13/25. Interview on 10/1/25 with the Associate Professional revealed: - Documented on the refusal log if a client refused medications; - Wrote a "R" on the MARs in place of signature when a client refused medication; - Completed an in-house incident report when a client refused their medication. Interview on 10/1/25 with the Qualified Professional revealed: - "We (staff) noted it on the MARs" when a client refused their medications; - Documented in the client's daily note if a client refused their medications; - Was not aware an incident report needed to be completed if a client refused their medication. Interview on 10/1/25 with the Director revealed: - All staff checked behind each to make sure the MARs was completed correctly; - "We document in the notes and in the MARs" if a client refused their medication; - Was not aware an incident report needed to be completed if a client refused their medication.	V 366		