

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-994	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/10/2025
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NAME OF PROVIDER OR SUPPLIER WEEK4YOU LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1846 ASHTON ROAD FAYETTEVILLE, NC 28304
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on October 10, 2025. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
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 record review and interview, the facility failed to have disaster drills held at least quarterly and repeated on each shift. The findings are:</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 114	<p>Continued From page 1</p> <p>Review on 10/2/25 of the facility's disaster drills from 10/1/24-9/30/25 revealed: -No disaster drills documented.</p> <p>Interview on 10/2/25 client #1 stated: -He did not know often disaster drills were completed. -He had not completed disaster drills at the facility.</p> <p>Interview on 10/10/25 client #2 stated: -He had not completed disaster drills at the facility.</p> <p>Interview on 10/2/25 client #3 stated: -He had not completed disaster drills at the facility.</p> <p>Interview on 10/2/25 client #4 stated: -"We might have done a disaster drill, but I don't remember."</p> <p>Interview on 10/2/25 staff #1 stated: -Disaster drills were completed "about twice a month." -Clients went "to the back of the house (facility) away from windows (for disaster drills)."</p> <p>Interview on 10/1/25 staff #4 stated: -"We have not done disaster drills as often, they are done every other month." -Clients went into the hallway for disaster drills.</p> <p>Interview on 10/2/25 the Qualified Professional #2 stated: -No drills since she began work at the facility. -"I don't think the disaster drills have been consistently done."</p>	V 114		

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V 114	<p>Continued From page 2</p> <p>Interview on 10/2/25 the Residential Manager stated: -He was responsible and scheduled the drills. -"Disaster drills have not been done." - " I was not aware that disaster drills are supposed to be done." -"I will create a schedule to make sure that drills are done once a shift every quarter."</p> <p>Interview on 10/2/25 the Owner/Licensed Professional stated: -The shifts at the facility were; 6 am- 3 pm, 3 pm -11 pm and 11 pm - 7 am; Monday-Sunday -Disaster drills had not been completed. -She would ensure that drills were completed once on each shift every quarter.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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:</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>(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. (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 observation, record review and interview, the facility failed to have medications available to administer affecting 1 of 4 clients (#4), to have physician's orders affecting 4 of 4 clients (#1- #4) and assure the MARs were current affecting 4 of 4 clients (#1-#4). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .1701 Scope (V293). Based on record review and interview, the facility's residential staff failed to coordinate with other agencies to meet the needs for 1 of 3 audited clients (#3).</p> <p>Finding #1: Review on 10/1/25 of client #1's record revealed: -16 years old. -Date of admission: 7/28/25. -Diagnoses: Attention Deficit Hyperactivity Disorder (ADHD), Cannabis Abuse-uncomplicated, Reaction to Severe Stress and Insomnia.</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>-There were no physician's orders for the following: -Guanfacine 1 milligrams (mg) (ADHD)- Take one tablet at bedtime. -Trazadone 50 mg (ADHD)- Take one tablet daily.</p> <p>Observation on 10/1/25 at 1:30 pm of client #1's medications revealed: -Guanfacine 1 mg was available. -Trazadone 50 mg was available.</p> <p>Review on 10/1/25 of client #1's MARs from July 28, 2025 - October 1, 2025 revealed: -There were no July or August 2025 MARs available for review. -Facility staff failed to document administration of medication for Guanfacine and Trazodone from 9/27/25-9/30/25.</p> <p>Finding #2: Review on 10/3/25 of client #2's record revealed: -15 years old. -Date of admission: 7/18/25. -Diagnoses: Conduct Disorder, Post Traumatic Stress Disorder (PTSD), Cannabis Use Disorder-Moderate, Personal History of Psychological Trauma, Allergy to Shellfish and Pneumonia (diagnosed 8/25/25). -Physician's orders: (9/25/25) Clonidine 0.1 mg (Insomnia)-Take one tablet by mouth once a day, (7/25/25) Epinephrine 0.3 mg/0.3 milliliters injection syringe (Allergy to Shellfish)-Inject into middle outer thigh if needed for anaphylaxis. -There were no physician's orders for: -Ventolin 90 microgram (mcg) Inhaler (Pneumonia) Inhale 2 puffs every 6 hours as needed for wheezing.</p> <p>Observation on 10/3/25 of client #2's medication</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>at 1:13 pm revealed: -Clonidine 0.1 mg was available -Epinephrine 0.3 mg Auto injection was available. -Ventolin HFA 90 mcg Inhaler was available.</p> <p>Review on 10/3/25 of client #2's MARs from July 18, 2025 - October 3, 2025 revealed: -There were no July or September 2025 MARs available for review. -Facility staff failed to document administration of medication for Clonidine 0.1 mg on 10/1/25.</p> <p>Finding #3: Review on 10/1/25 of client #3's record revealed: -12 years old. -Date of admission: 4/5/25. -Diagnoses: Anxiety, PTSD, ADHD and Adjustment Disorder. -Physician's orders: (5/1/25) Qelbree 150 mg extended release (ADHD)-Take one capsule once daily, (8/28/25) Guanfacine 2 mg (ADHD)- Take one capsule daily, (5/1/25) Sertraline 100 mg (Anxiety) - Take one tablet once daily, (5/1/25) Melatonin 3 mg (for sleep) - Dissolve one tablet by mouth at night and (8/4/25) Clonidine 0.1 mg (for sleep) - Take one tablet at night.</p> <p>Observation on 10/1/25 of client #3's medication at 12:58 pm revealed: -Melatonin 3 mg was not available for administration. -Sertraline 100 mg was not available for administration.</p> <p>Review on 10/1/25 of client #3's MARs from April 5, 2025 - October 1, 2025 revealed: -There was no August MAR available for review. -Sertraline and Melatonin was last documented as administered on 7/31/25. -Facility staff failed to document administration of</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>medication for:</p> <ul style="list-style-type: none"> -Qelbree, Guanfacine and Sertraline on 4/19/25. -Qelbree and Guanfacine on 10/1/25. <p>Finding #4: Review on 10/1/25 of client #4's record revealed:</p> <ul style="list-style-type: none"> -Date of admission: 12/19/24. -Diagnoses: Adjustment Disorder with Disturbance of Conduct, Major Depressive Disorder, Intermittent Explosive Disorder, Mild Intermittent Asthma-Uncomplicated, Seasonal Allergies and Sleep Disorder. -Physician's orders: (8/28/25) Aripiprazole 15 mg (Intermittent Explosive Disorder) - Take one tablet once daily, (11/21/24 and 8/19/25) Fluticasone propionate (prop) Inhaler 44 microgram (mcg) (Asthma) - Inhale 2 puffs by mouth twice daily for asthma, (7/8/25) Escitalopram 10 mg (Major Depressive Disorder), (8/19/25) Cetirizine 10 mg (Seasonal Allergies) - Take one tablet at bedtime and (7/8/25) Clonidine 0.1 mg (for sleep) - Take one at bedtime. -No physician's order for Ventolin HFA 108 90 mcg (Asthma) - Inhale 2 puffs by mouth every 4-6 hours as need for wheezing. <p>Observation on 10/1/25 of client #4's medication at 12:17 pm revealed:</p> <ul style="list-style-type: none"> -Fluticasone prop 44 mcg was not available for administration. <p>Review on 10/1/25 of client #4's MARs from December 19, 2024 - October 1, 2025 revealed:</p> <ul style="list-style-type: none"> -There was no August MAR available for review. -Fluticasone prop 44 mcg was last documented as administered on 6/8/25. -Fluticasone prop 44 mcg was not listed on October 2025 MAR. -Staff documented "waiting on fill," "refill," "not 	V 118		

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V 118	<p>Continued From page 7</p> <p>available," or "refill/physician" on the back of MARs for Fluticasone prop for the following dates: June 2025: 6/9-6/19, 6/23, 6/28, 6/30 July 2025: 7/1-7/2, 7/17-7/18, 7/21-7/31 September 2025: 9/1-9/11 -Facility staff failed to document administration of medication for Clonidine 0.1 mg on 10/1/25.</p> <p>Interview on 10/2/25 client #1 stated: -He took "sleeping medicine and Trazadone." -He took his medication everyday. He had not missed any medication. -Staff administered his medication.</p> <p>Interview on 10/10/25 client #2 stated: -He took his medication every day. He had not missed any medication. -Staff administered his medication.</p> <p>Interview on 10/2/25 and 10/10/25 client #3 stated: 10/2/25 -He took his medication daily. -He didn't "think" he missed any medications. -"I take Melatonin, Guanfacine, I don't know the other." -"I was taking 4 pills a day, now I am taking 3 pills." 10/10/25 -He had not taken Sertraline "in a month or so." -He did not recall when he last took Melatonin. -He had not had any side effects when he stopped taking Sertraline or Melatonin.</p> <p>Interview on 10/2/25 client #4 stated: -"I have an inhaler (Fluticasone) but it has not come in yet." -"I am supposed to use the inhaler 2 puffs in the morning and 2 puffs at night."</p>	V 118		

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V 118	<p>Continued From page 8</p> <ul style="list-style-type: none"> -He had not used the inhaler "in a couple of months." -He never had an "asthma attack." -He had not missed any other medication. <p>Attempted interviews on 10/2/25 and 10/10/25 with the Former Qualified Professional (QP) was unsuccessful due to there was no answer or returned phone call prior to survey exit.</p> <p>Interview on 10/2/25 and 10/9/25 the pharmacy technician used by the facility stated:</p> <ul style="list-style-type: none"> -The facility had transferred the client #4's prescriptions to "this pharmacy in May 2025." -The pharmacy had not filled the Fluticasone order for client #4. -Client #4 had Fluticasone refills at the pharmacy available since May 2025 (no exact date provided). -The Former QP had called and stated "to not fill the Fluticasone for [client #4] because he didn't need it." -The pharmacy did not have a discontinued order from the physician for the Fluticasone inhaler. <p>Interview on 10/3/25 the doctor's office Nurse for client #4 stated:</p> <ul style="list-style-type: none"> -The Fluticasone was used as a daily maintenance inhaler for client #4. -The doctor did not discontinue client #4's Fluticasone medication. -During client #4's last office visit on 8/19/25 staff that brought him to his appointment stated that he had been "doing good on his maintenance inhaler (Fluticasone)." -"The doctor refilled the prescription for the Fluticasone and based on the notes we have assumed he was still taking the Fluticasone." -Refills for the Fluticasone were sent to the pharmacy on 11/21/24, 11/22/24 and 8/19/25. 	V 118		

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V 118	<p>Continued From page 9</p> <p>Interview on 10/2/25 staff #1 stated: -"I don't think I have seen any blanks (on the MARs). -Staff documented on the back of the MARs when medication was out. -She reported any "medication concerns" to the Former QP. -Staff wrote "waiting on fill," "refill," "not available," or "refill/physician" on the back of client #4's MARs for Fluticasone because it was not available in the facility. -"[Former QP] told staff that he (client #4) was no longer on the inhaler (Fluticasone)." -Client #4 "had not had issues with his asthma....I think the doctor took him off of the inhaler." -"[Former QP] let us know of any changes in medications." -The Registered Nurse (RN) went to the facility "about 2-3 times a month" she checked the MARs, client record and taught the medication administration class.</p> <p>Interview on 10/1/25 staff #4 stated: -"I have not noticed any blanks (on the MARs)." -"Staff documented waiting on refill or refill on the back of the MARs when a medication is out." -"We were told [client #4] was not on Fluticasone anymore." -Staff reported medication refills needs to the Facility Director or the Former QP.</p> <p>Interview on 10/2/25 the Facility Director stated: -Blanks on the MARs: "The only thing I can think of the staff on shift that day forgot to initial." -No client had reported that they missed any medication. -He had not seen any physician orders at the facility. -He administered medication "based on what was</p>	V 118		

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V 118	<p>Continued From page 10</p> <p>on the MARs." -The Former QP had resigned on 9/25/25. -The Former QP was responsible to make sure the MAR was completed each month. -The RN came to the facility "about once a month"... "I see her go into the medication and count and look at the MARs." -Client #4 had been using his Fluticasone inhaler "previously" but he has been "out about the last 2 months." -The Former QP told staff that the doctor had discontinued client #4's Fluticasone inhaler. -Client #4 had not had "any asthma attacks or said he needed either of his inhalers."</p> <p>Interview on 10/2/25 the QP #2 stated: -She has accepted the position of the QP on 9/29/25; was previously the Associate Professional. -Blanks on MARs: "I am not sure, I believe staff are not signing sometimes." -No client had reported that they missed medications. -As the current QP she would be responsible for print out the MARs, medication count and ensuring all physician orders were at the facility for all medications for clients. -She was informed by the Former QP that client #4 had a "rescue inhaler if he needed it." -Client #4 had not had "asthma attack or trouble breathing."</p> <p>Interview on 10/3/25 the facility's RN stated: -She taught the medication administration training at the facility. -She had not seen any physician's orders for the clients at the facility. -"I don't check to see if the doctor wrote orders. We administer medication based on what we have from the pharmacy."</p>	V 118		

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V 118	<p>Continued From page 11</p> <ul style="list-style-type: none"> -Staff administered medication based on the MARs and the medication label. -She went to the facility "about once a month" to make sure there were no expired medications, check the medication inventory and checked the MARs for any blanks and signatures on the back of the MARs. -"I don't know what happened to the August (2025) MARs." -There was August 2025 MARs for all clients at the facility when she came to the facility on 8/13/25. -She wrote "stop" and a line on the September 2025 MAR starting at 9/11/25 through 9/27/25 on client #4's for Fluticasone Prop because "[Former QP] told me that the social worker told her that the doctor had stopped it." -She had not seen a discontinued order for the Fluticasone Prop Inhaler for client #4. <p>Interview on 10/1/25-10/3/25 and 10/10/25 the Owner/Licensed Professional (LP) stated:</p> <ul style="list-style-type: none"> -She was "not sure about the blanks (on the MARs)." -Clients were administered their medication daily. -No client had reported they missed any medication. -The Former QP had resigned on 9/25/25 and kept facility documents which included August MARs and refused to return them to the facility. -The Former QP was responsible to ensure the MARs were kept current and all orders were at the facility. -"I know I am supposed to check behind her but with all the work I have to do, it has been difficult..." -The facility's RN checked the MARs when she came in to audit the medication. -"The nurse (RN) was coming every two weeks now it's about once a month." 	V 118		

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V 118	<p>Continued From page 12</p> <p>-"She (RN) is supposed to be checking the MARs and medications but that is obviously not happening as it should be."</p> <p>-For client #3's Sertraline and Melatonin: The Former QP told her that the doctor had discontinued the medication.</p> <p>-She had not seen a discontinued order for the Sertraline or Melatonin.</p> <p>-For client #4's Fluticasone: "[Former QP] said she was going to ask the doctor if he still needed it..his social worker took him to the appointment...the message did not get relayed back to us...I don't remember if I called the provider to see if he needed a refill."</p> <p>-The facility changed pharmacies in May 2025 due to previous pharmacy had shut down.</p> <p>-Client #4 had not needed his inhaler.</p> <p>-The Associate Professional was responsible to check the MARs for any errors weekly.</p> <p>-She would ensure that all clients had medication orders and receive their medication as ordered.</p> <p>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</p> <p>Review on 10/10/25 of a Plan of Protection dated 10/10/25 and submitted by the Owner/LP revealed: "What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? Ensure MARs are completed and filled in accurately and legible. Ensure all refills are filled and on-site in a timely fashion to ensure clients needs are being met. Ensure communication and coordination between doctor and facility is effective and understood to ensure clients needs are being met. All medications prescribed by</p>	V 118		

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V 118	<p>Continued From page 13</p> <p>doctor will be administered as directed. Describe your plans to make sure the above happens. 1. Clearly define nurses duties and responsibilities in a new contract outlining auditing MARS for accuracy, blanks, errors and so on; calling in refills and ensuring clients have all medications on site. 2. Contact the doctors to ensure all orders one received for all medications to include a D/C (discontinued) or continuation of medication. 3. Have all staff check for errors on MARs at the beginning of every shift and responsible for contacting Facility Director immediately if any exist. 4. Admissions date will not be approved unless orders for ALL medications for consumers are on file first. 5. Have AP (Associate Professional) conduct weekly MAR checks to ensure accuracy."</p> <p>This facility served clients ages ranging from 12 to 16 years old with diagnoses including ADHD, Cannabis Abuse-Uncomplicated, Cannabis Use Disorder-Moderate, Reaction to Severe Stress, Insomnia, Conduct Disorder, PTSD, Personal History of Psychological Trauma, Allergy to Shellfish, Pneumonia, Anxiety, Adjustment Disorder, Major Depressive Disorder, Intermittent Explosive Disorder, Mild Intermittent Asthma-Uncomplicated, Seasonal Allergies, and Sleep Disorder. Client #1 had a missing August 2025 MAR and no physician's orders for Guanfacine and Trazodone, which had been administered by staff. There were also no staff initials for three days on the September 2025 MARs to indicate that Guanfacine and Trazodone were administered. Client #2 had missing July and September 2025 MARs. There were no staff initials to indicate administration on the October 2025 MARs for Clonidine, and there was no physician's order for client #2's Ventolin Inhaler. Client #3 had a missing August 2025 MAR.</p>	V 118		

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V 118	<p>Continued From page 14</p> <p>Client #3's July 2025 MAR was last documented that he received Sertraline and Melatonin on 7/31/25. There was no documented coordination of care between the facility staff and the medical provider regarding client #3's medication needs and medical planning for client #3's Sertraline and Melatonin. A person would need to taper off of Sertraline. That medication would need to wean off and not stop cold turkey. The concerns or side effects for stopping abruptly could cause him (client #3) bad headaches, anxiety, agitation, dizzy, nausea and insomnia or seizure. It would depend on how long he had been on the medication, it could result in a psychotic breakdown. There were no staff initials to indicate administration on the April 2025 MARs for Qelbree, Guanfacine, and Sertraline, and on the October 2025 MARs for Qelbree and Guanfacine. Client #4's Fluticasone Inhaler was not available for administration and no documentation of administration of the Fluticasone Inhaler since 9/8/25. Client #4 had a missing August 2025 MAR and no physician's order for his Ventolin Inhaler.</p> <p>The facility did not have clients' medications available for administration, the facility did not maintain physician's orders, and the facility did not keep the MARs current which resulted in a Type A1 rule violation for serious neglect which must be corrected within 23 days.</p>	V 118		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug</p>	V 121		

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V 121	<p>Continued From page 15</p> <p>regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated.</p> <p>(2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain drug regimen reviews every six months for 1 of 1 clients (#4) who received psychotropic drugs. The findings are:</p> <p>Review on 10/1/25 of client #4's record revealed: -Date of admission: 12/19/24. -Diagnoses: Adjustment Disorder with disturbance of conduct, Major Depressive Disorder, Intermittent Explosive Disorder, Mild Intermitted Asthma-Uncomplicated, Seasonal Allergies and Sleep Disorder. -Physician's orders dated: 8/28/25: Aripiprazole 15 milligrams (mg) once daily (Intermittent Explosive Disorder), 7/8/25: Escitalopram 10 mg once daily (Major Depressive Disorder), 7/8/25: Clonidine 0.1 mg once daily at bedtime (Sleep Disorder). -There was no documentation of a drug regimen review completed within the last six months.</p> <p>Review on 10/1/25 of client #4's April 2025-July 2025 and October 2025 MARs revealed: -Aripiprazole, Escitalopram and Clonidine were listed as administered.</p>	V 121		

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V 121	Continued From page 16 Interview on 10/1/25 the Owner/Licensed Professional stated: -"I was not aware of the 6 month psychotropic drug regimen requirement." -"I will make sure the drug regimen review is done in the next few days."	V 121		
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 review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to an offer of employment for 2 of 6 audited staff (#1 and #4) The findings are: Finding #1: Review on 10/2/25 of staff #1's personnel record revealed: -Date of hire: 3/19/25. -Job title: Residential Technician. -Date of HCPR accessed: 5/16/25. Finding #2:	V 131		

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V 131	<p>Continued From page 17</p> <p>Review on 10/2/25 of staff #4's personnel record revealed: -Date of hire: 12/20/24. -Job title: Residential Technician. -Date of HCPR accessed: 1/26/25.</p> <p>Interview on 10/2/25 the Facility Manager stated: -He was responsible to complete the access of HCPR for all staff. -"From now on I will get (access) HCPR before I offer the position."</p> <p>Interview on 10/2/25 the Owner/Licensed Professional stated: -She and the Facility Manager both were responsible for the access of HCPR for all staff. -"We might have been late on getting it (HCPR) done." -She would ensure HCPR was accessed prior to the offer of an employment position.</p>	V 131		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>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</p>	V 133		

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V 133	Continued From page 18 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 five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health 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	V 133		

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V 133	<p>Continued From page 19</p> <p>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. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after</p>	V 133		

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V 133	<p>Continued From page 20</p> <p>consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A,</p>	V 133		

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V 133	<p>Continued From page 21</p> <p>Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 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 Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five</p>	V 133		

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V 133	<p>Continued From page 22</p> <p>business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the criminal history record check was requested within five business days of making the conditional offer of employment affecting 1 of 5 audited staff (#1). The findings are:</p> <p>Finding #1: Review on 10/2/25 of staff #1's personnel record revealed: -Date of hire: 3/19/25. -Job title: Residential Technician. -A criminal history record check was requested on 4/19/25.</p> <p>Finding #2: Review on 10/2/25 of staff #4's personnel record revealed: -Date of hire: 12/20/24. -Job title: Residential Technician. -A criminal history record check was requested on 3/6/25.</p> <p>Interview on 10/2/25 the Facility Manager stated: -He was responsible for the request of criminal history record checks for all staff. -He would ensure that all criminal history record checks were requested within five business days of making a conditional offer of employment.</p>	V 133		

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V 133	Continued From page 23 Interview on 10/2/25 the Owner/Licensed Professional stated: -She and the Facility Manager were responsible for the request of criminal history record checks for all staff. -"I thought the background check requirement was 30 days after hire." -She would ensure that all criminal history record checks were requested within five business days of making a conditional offer of employment.	V 133		
V 293	27G .1701 Residential Tx. Child/Adol - Scope 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall require the following: (1) removal from home to a community-based residential setting in order to facilitate treatment; and (2) treatment in a staff secure setting.	V 293		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-994	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/10/2025
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NAME OF PROVIDER OR SUPPLIER WEEK4YOU LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1846 ASHTON ROAD FAYETTEVILLE, NC 28304
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V 293	<p>Continued From page 24</p> <p>(e) Services shall be designed to:</p> <p>(1) include individualized supervision and structure of daily living;</p> <p>(2) minimize the occurrence of behaviors related to functional deficits;</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility's residential staff failed to coordinate with other agencies to meet the needs for 1 of 3 clients (#3).</p> <p>Review on 10/1/25 of facility records revealed no documented coordination of care between the facility and physician for client #3's Sertraline and Melatonin medication.</p>	V 293		

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V 293	<p>Continued From page 25</p> <p>Interview on 10/10/25 client #3 stated: -He had not taken Melatonin or Sertraline "in over a month or so." -He had not had any trouble sleeping. -He did not have any problems or concerns not being administered Sertraline or Melatonin as ordered by his doctor.</p> <p>Attempted interview on 10/2/25, 10/3/25 and 10/9/25 with client #3's physician was unsuccessful. There was no answer and no returned phone call by the survey exit date.</p> <p>Interview on 10/3/25 client #3's Department of Social Services guardian stated: -"I took him to the first appointment June or July (2025), no medication changed, he was taking Qelbree, Guanfacine, Sertraline and Melatonin." -The Former Qualified Professional (QP) took client #3 to the follow-up doctor's appointment on 8/28/25. -"[Former QP] had mentioned that one medication was stopped but I don't remember which one." -"I was not aware that he had stopped the Sertraline or Melatonin."</p> <p>Interview on 10/9/25 the pharmacy technician used by the facility stated: -Client #3 was last dispensed Sertraline and Melatonin on 6/26/25 for 30 tablets with no more refills. -The facility is "responsible to get a refill or discontinued order from the physician." -"A person would need to taper off of Sertraline. That medication would need to wean off and not stop cold turkey. The concerns or side effects for stopping abruptly could cause him bad headaches, anxiety, agitation, dizzy, nausea and insomnia or seizure. It would depend on how long</p>	V 293		

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V 293	<p>Continued From page 26</p> <p>he had been on the medication, it could result in a psychotic breakdown."</p> <p>Interview on 10/2/25 the Qualified Professional #2 stated: -"[Former QP] told me that the Sertraline was discontinued." -"I will make sure I go to the doctor's office and get the order and have it at the facility."</p> <p>Interview on 10/3/25 the facility's Registered Nurse stated: -The former QP was "typically was the person in contact with the doctor's office." -She wrote "Stop" on client #3's September 2025 MARs for Sertraline. -"[Former QP] told me that the Social Worker told her that the doctor had stopped it." -She had not seen a discontinued order from the physician for client #3's Sertraline. -"The person that goes to the doctor with the client is responsible for talking to the doctor and getting the orders."</p> <p>Interview on 10/1/25 and 10/10/25 the Owner/Licensed Professional stated: 10/1/25 -There were no documented communication between the facility and the physician in regards to client #3's the discontinuation orders of Sertraline and Melatonin. -"[Former QP] told us (staff) that the doctor had discontinued the Sertraline." -Client #3 had not been administered the Sertraline or Melatonin in over a month. -Client #3 had not reported any negative side effects from stopping the Sertraline. -"I believe the doctor discontinued the Melatonin and replaced it with Clonidine, but I don't have a d/c order."</p>	V 293		

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V 293	<p>Continued From page 27</p> <p>-"It is difficult to get in contact with the doctor's office." 10/10/25</p> <p>-"I spoke with the doctor and he reported he was not aware during client #3's new patient appointment that he had been prescribed Sertraline." -"The doctor said he planned to not refill the Sertraline." -"We dropped the ball, I should have made sure that the [Former QP] had brought back either a discontinued order or a refill order for the Sertraline after the doctor's appointment." -I should have followed up with the doctor's office to make sure that the Sertraline and Melatonin was discontinued. -"I will start taking the consumers to the doctor myself so I can talk to the doctor directly." -"I will work on getting the discontinued order for the Sertraline and Melatonin from the doctor."</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type A rule violation and must be corrected within 23 days.</p>	V 293		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p>	V 752		

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V 752	<p>Continued From page 28</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility's hot water temperature was not maintained between 100-116 degrees Fahrenheit. The findings are:</p> <p>Observation on 10/1/25 at approximately 11:37 am- 12:05 pm revealed: -The hot water temperature at the kitchen sink was 126 degrees Fahrenheit. -The hot water temperature at the client bathroom sink was 80 degrees Fahrenheit. -The hot water temperature in the client bathroom at the shower/bathtub combination was 129 degrees Fahrenheit.</p> <p>Interview on 10/2/25 client #1 stated: -"The hot water is good." -The water at the bathroom sink "was not hot." -He was able to adjust the hot water temperature.</p> <p>Interview on 10/10/25 client #2 stated: -"The hot water is good." -He was able to adjust the hot water temperature.</p> <p>Interview on 10/2/25 client #3 stated: -"The hot water is fine. It is not too hot." -He was able to adjust the hot water temperature.</p> <p>Interview on 10/2/25 client #4 stated: -"The hot water is not that hot, it feels good." -He was able to adjust the hot water temperature.</p> <p>Interview on 10/2/25 staff #1 stated: -"No client has said the water is too hot." -Client were able to adjust the hot water temperatures. -"Management checks the hot water</p>	V 752		

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V 752	<p>Continued From page 29</p> <p>temperatures, I think they check it annually."</p> <p>Interview on 10/1/25 staff #4 stated: - "No client have said that the hot water was too hot." - All clients were able to adjust the hot water. - He had not seen a thermometer in the facility. - "Direct care staff don't check hot water, that is something of a management role."</p> <p>Interview on 10/2/25 the Facility Manager stated: - "No client have said... the hot water was an issue." - All clients can "adjust the water temperature at the faucet."</p> <p>Interview on 10/2/25 Qualified Professional #2 stated: - "No client have said the hot water was too hot." - All clients can adjust the hot water temperature.</p> <p>Interview on 10/1/25 the Owner/Licensed Professional stated: - The hot water temperatures were "checked quarterly" by staff. - "We do not record the temperatures." - "I am not able to find the thermometer staff uses to check the hot water temperature right now." - She had recently adjusted the water temperatures due to issues with the washing machine. - "Staff will check hot water temperatures monthly and keep a log of the temperatures." - She would ensure that the hot water temperatures are adjusted between 100- 116 degrees Fahrenheit.</p>	V 752		